



**INFORMED CONSENT (19+ Years)**

Thank you for choosing to use City of Dawson Creek facilities, services and programs. We make every effort to prevent accidental injuries from occurring, however sometimes injuries do occur because a participant may make an error in their own judgement or an accidental occurrence may result between 2 or more participants, that are beyond the control of our staff. We request your understanding and cooperation to maintain your safety and health by reviewing the information provided below.

**By signing this document, you will be acknowledging that you have been informed about the activity and the potential for an accidental injury to occur.**

I recognize that there is some element of risk in any adventure, sport or activity associated with the Corporation of the City of Dawson Creek, Community Services activities and programs.

I, \_\_\_\_\_ consent to my participation in the program(s) listed below and, am aware that there are risks associated with participation in these programs, including the risk of injury, and I consent to my participation in spite of such risks. I am aware that all activities services and programs offered are either educational, recreational or self-directed.

I acknowledge that it is my responsibility to advise the City of any medical or other conditions, which may affect my participation in the Program.

I understand that part of the risk of injury to myself in undertaking any activity or program is relative to my state of fitness or health (physical, mental or emotional), including my awareness, care and skill with which I conduct myself during the activity or program. I acknowledge that my choice to participate in any activity, service and program brings with it the assumption and understanding, by me, of the risk of an accidental injury that may occur during the activity or program that is beyond the control of staff.

In addition, I understand that I am free to withdraw from, reduce or modify involvement in any program activity upon recognition of any signs of medical distress (including lightheadedness, fainting, chest discomfort, leg cramps, nausea, etc.) and bring this to the attention of the recreation staff.

I declare that I have read, understood and agree to the contents of this INFORMED CONSENT AGREEMENT.

I declare that I have read, understood and agree to the contents of the PROGRAM PARTICIPATION PACKAGE.

\_\_\_\_\_  
Name (please print first and last name)

\_\_\_\_\_  
Date

**Program(s):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number



## COVID-19 Assumption of Risk Form

BY SIGNING THIS DOCUMENT, YOUR LEGAL RIGHTS MAY BE AFFECTED

**PLEASE READ CAREFULLY!**

We at the City of Dawson Creek responded to the direction from our public health officials to first close our facilities and cease offering services. We are now responding to the direction to reopen our facilities and offer services to our community cautiously, with the safety of our staff and community being our priority.

COVID-19 remains a worldwide pandemic and a threat to our local health and safety. We know the following (this list is not intended to be exhaustive):

1. The infectious agent, SARS-CoV-2, has caused community transmission of a serious communicable and potentially fatal disease known as COVID-19 amongst the population of the Province of British Columbia;
2. Our public health officials have determined this constitutes a regional event, as defined in section 51 of the *Public Health Act*;
3. A person infected with SARS-CoV-2 can infect other people with whom the infected person comes into contact with; and
4. The gathering of people in close contact with one another can promote the transmission of SARS-CoV-2 and increase the number of people who develop COVID-19.

We cannot be certain that a person (of any age) will not contract SARS-CoV-2 at one of our facilities and/or while participating in one of our programs, but we have taken the steps required to develop our City of Dawson Creek Recreation COVID-19 Safety Plan, which is available for your review upon request. Though we have implemented this, **the risk remains that a COVID-19 outbreak could occur despite our best efforts.**

It is vital that no person who feels sick in any way visit any of our facilities and/or utilize any of our services. We do not employ health professionals and do not screen for potential illness. It is also vital that no person bring a child who is feeling unwell or showing any symptoms of illness to any of our facilities or programs. Again, we do not screen for the same.

Please do not participate in any of our programs or services if you have:

- experienced cold or flu-like symptoms within the last 14 days;
- been in close contact with anyone else who has had these symptoms in the last 14 days; or
- been in close contact with anyone else who has travelled outside of Canada in the last 14 days.

Please note: If you are displaying symptoms of respiratory distress or illness, you will be asked not to participate.

It is vital that any person who believes that they may have become ill within 14 days of visiting one of our facilities and/or while taking part in one of our programs report this immediately by the Community Services Department at 250-784-3604 and seek appropriate medical attention by first calling 8-1-1. **We will only share personal information for the purposes of contact tracing if the need arises.** To attend our facilities and/or take part in our programs, you must consent to the same.

Lastly, it is vital that we all be calm and compassionate throughout this pandemic. Any person who exhibits any aggression towards our staff or any other person in one of our facilities and/or programs will be asked to leave and not return.



If you would like more information regarding the risks associated with COVID-19, please review the BC CDC guidelines for recreation facilities: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/community-settings/recreation-facilities>.

By attending City of Dawson Creek, Community Services Department programs, services or facilities, I declare and understand the following:

I understand there is a risk of myself contracting COVID-19, in spite of any precautions taken by the City of Dawson Creek	INITIAL HERE
I understand it is my responsibility – not that of the program, program and facility staff, or the City of Dawson Creek – to be aware my current health and limitations and to take appropriate additional precautions as required.	INITIAL HERE
I understand that if infected, I could be at risk of transmitting the disease to other family members, including those with high risk, pre-existing conditions and that this might occur before my sickness has become evident.	INITIAL HERE
I have read, understand and agree to the Assumption of Risk Form	INITIAL HERE

\_\_\_\_\_  
Print name clearly

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature