

BCWF YOUTH PROGRAMS

COVID-19 AGREEMENTS AND DECLARATIONS

The British Columbia Wildlife Federation (BCWF) is taking the following precautionary measures to keep participants safe during in-person events. The BCWF will uphold all provincial and federal guidelines and directions as they become available. Please refer to the BCWF COVID-19 policies for a detailed explanation of the specific active and passive measures the BCWF and its staff are taking to prevent the spread of COVID-19. As part of our policies, participants are required to fill out the following document.

CHECK ONLY ONE	
PARTICIPANT NAME(S):	
<input type="checkbox"/> YOU HAVE HAD <u>NO</u> SYMPTOMS 7 DAYS PRIOR TO THE EVENT DATE(S):	
<p>I confirm that I nor my immediate family member(s) or my “personal bubble” have exhibited cold- or influenza-like symptoms during the week prior to the event. I agree that should I, my immediate family members or my “personal bubble” exhibited cold- or influenza-like symptoms during the course of the event that we will notify the BCWF and their staff. I also agree that if I or my immediate family contract cold- or influenza-like symptoms that we will leave the event as soon as possible and get tested for COVID-19. I understand that, for the safety of other participants, I nor my immediate family may participate in the event (in person) until we receive a negative COVID-19 test.</p>	
OR	
<input type="checkbox"/> YOU HAVE <u>HAD</u> SYMPTOMS 7 DAYS PRIOR TO THE EVENT DATE(S):	
<p>I confirm that I or my immediate family member(s) or my “personal bubble” have exhibited cold- or influenza-like symptoms during the two weeks prior to the event. Below are the names of people within my family and/or my personal bubble, their symptoms, and action taken.</p>	
Symptoms (check all the apply):	
<input type="checkbox"/> Fever or Chills <input type="checkbox"/> Cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Loss of appetite	<input type="checkbox"/> Diarrhea <input type="checkbox"/> Nausea and/or vomiting <input type="checkbox"/> Extreme fatigue or tiredness <input type="checkbox"/> Body aches <input type="checkbox"/> Loss of sense of smell or taste
Last date they presented symptoms:	
Are there more members of your family or personal bubble who have exhibited symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Action(s) taken:	Has been tested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the results were... <input type="checkbox"/> Positive <input type="checkbox"/> Negative

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COVID-19 RISK ACCEPTANCE

I have read the *BCWF Youth Program COVID-19 Safety Policy*. I am aware that there is an inherent risk of contracting COVID-19 during any in-person event. I understand and agree that the BC Wildlife Federation has taken adequate safety precautions to reduce the risk of contracting COVID-19. I hereby accept all the risks of attending this event and assume all the risk and waive all certain legal rights which I or my heirs, or next of kin may have against the BCWF. This includes waiving the rights to take legal action against the BC Wildlife Federation or any of its directors, officers, employees, independent contractors, subcontractors, sponsors, representatives, and associates.

PERSONAL PROTECTIVE EQUIPMENT (PPE) AGREEMENT

I hereby agree that I and/or my child(ren) will wear all the personal protective equipment (PPE) as directed by BC Wildlife Federation staff, and provincial and federal health authorities during the event.

Initials of parent, or
guardian

DECLARATION

Parent/Guardian Signature

Date

Parent/Guardian Name (Printed)