



**COVID-19 Event Questionnaire and Waiver Release**

*Please read carefully. By signing this document, you forfeit certain legal rights.*

Athletics PEI (APEI) is dedicated to protecting the health and safety of our members.

I attest that I am not experiencing any symptoms of illness such as a fever, cough, or shortness of breath. If I develop these symptoms, I agree that I will leave the event premises immediately. I am aware that I must follow the safety and hygiene protocols of [set out name of governing body whether provincial or club] and the event organizer, if any.

I attest that:

- I have not traveled internationally in the past 14 days
- I have not traveled to a highly impacted area within the Canada or internationally in the past 14 days
- I have not and do not believe that I have been exposed to a person with a confirmed or suspected case of COVID-19
- I have not been diagnosed with COVID-19, or I have been cleared as noncontagious by provincial or local public health authorities
- I am following recommended guidelines as much as possible - practicing social distancing, trying to maintain separation of 2 metres (approximately 6 feet from others, and otherwise limiting my exposure to COVID-19.

I further attest that I am in good physical condition to participate in the sport of athletics and certify that any and all information provided herein is accurate and complete.

In consideration of the opportunity to participate in the event and/or train at facility/premises I for myself, my heirs, executors, administrators and assigns fully understand, acknowledge and assume the risks and dangers associated with participation in the sport of athletics, and related athletics disciplines and activities (the “Activities”), including without limitation, the potential for serious bodily injury, sickness and disease (including COVID-19), permanent disability, paralysis and loss of life; loss of or damage to equipment/property; exposure to extreme conditions and circumstances; contact with other participants, officials, administrators, spectators, or other natural or manmade objects; dangers arising from adverse weather conditions; imperfect field of play conditions; equipment failure; inadequate safety measures; participants of varying skill levels; situations unknown to or beyond the immediate control of the Event Organizers; and other undefined, not readily foreseeable and presently unknown risks and dangers (“Risks”).

I understand that these Risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in or present during the Activities, or the negligent acts or omissions of the Released Parties defined below, and I hereby expressly assume all such Risks and responsibility for any damages, liabilities, losses or expenses which I incur as a result of my participation in the Activities and covenant not to sue Athletics PEI, their administrators, directors, agents, officers, volunteers, sponsors, applicable owners and lessors of the facility (the "Released Parties") on which the Activities take place.

I further agree that if, despite this release and waiver of liability, assumption of risk and indemnity agreement, I or anyone on my behalf, makes a claim against any of the Released Parties, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Released Parties from any litigation expenses, legal fees, loss, liability, damage or costs which any may incur as a result of such claim, to the fullest extent permitted by law.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Adult Participant: Printed Name

---

Date of Birth: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Organization: \_\_\_\_\_

## **PARENTAL CONSENT**

**(if participant is under the age of 18)**

**Name of Participant:**

Printed Name of Parent/Guardian:

---

Parent/Guardian Signature (only if participant is under the age of 18)

---

THIS IS A RELEASE OF LIABILITY, WHICH SHOULD BE COPIED FOR YOUR USE.