

Coronavirus/COVID-19 Waiver (the “Covid Waiver”)

PLEASE READ CAREFULLY

[Insert Name of Responsible Person, Organization or Association] (the “**Host**”) wishes to organize and host [Insert name of event and/or very briefly describe the activity e.g. birthday party, minor hockey league, festival, etc.] (the “**Event**”) and the Event will take place either in an HRM facility or more generally on property belonging to HRM.

The Host acknowledges that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and that COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, provincial, and local governments such as the Halifax Regional Municipality (“**HRM**”) and federal and provincial health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Host understands that this Covid Waiver is in addition to, and is not a substitute for, any other rental agreement, documentation or registration information that the Host might be required to execute by HRM in order to hold the Event.

The Host agrees it is the host of the Event and accepts sole responsibility for all aspects of organizing and hosting the Event. The Host agrees that it is responsible for ensuring that the Event will adhere to all federal, provincial or municipal health and safety directives, including, but not limited to, social distancing requirements, which may be applicable to the use of HRM’s property, any related facilities and/or any Event-related activities. The Host acknowledges the contagious nature of COVID-19 and voluntarily assumes the risk that attendees at the Event may be exposed to or infected by COVID-19.

[INSERT NAME OF RESPONSIBLE PERSON, ORGANIZATION OR ASSOCIATION] HEREBY COVENANTS NOT TO SUE, AND RELEASES, DISCHARGES, INDEMNIFIES AND HOLDS HARMLESS, THE HALIFAX REGIONAL MUNICIPALITY, ITS MAYOR, COUNCILLORS, EMPLOYEES, AGENTS, AND REPRESENTATIVES FROM ALL CLAIMS WHATSOEVER WHERE SUCH CLAIM ARISES AS A RESULT OF, OR RELATING TO, THE EVENT.

[Insert Name of Responsible Person, Organization or Association]

Signature

[insert the following if Host is an organization, association, etc. Remove if Host is an individual.]

By signing above, I confirm I have authority to bind the [Insert Name of Responsible Person, Organization or Association]

Print Name

Date