



# Coronavirus/COVID-19 Waiver

## Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

### PLEASE READ CAREFULLY

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. 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.

HRM has put in place preventative measures to reduce the spread of COVID-19 at its day camps and similar programs; however, HRM cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the day camp or similar activity could increase your risk and your child(ren)’s risk of contracting COVID-19.

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I understand that this Assumption of the Risk and Waiver of Liability agreement is in addition to, and is not a substitute for, any other documentation or registration information that I might be required to execute by HRM in order to enroll my child(ren) in the HRM day camp or similar activity.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the day camp or similar activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the day camp or similar activity may result from the actions, omissions, or negligence of myself and others, including, but not limited to, HRM, including employees and volunteers, and program participants and their families.

I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO MY CHILD(REN) OR MYSELF (INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY, DISABILITY, AND DEATH), ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE, OF ANY KIND, THAT I OR MY CHILD(REN) MAY EXPERIENCE OR INCUR IN CONNECTION WITH MY CHILD(REN)’S ATTENDANCE AT THE HRM DAY CAMP OR PARTICIPATION IN HRM PROGRAMMING (“CLAIMS”). ON MY BEHALF, AND ON BEHALF OF MY CHILDREN, I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS THE HALIFAX REGIONAL MUNICIPALITY, ITS MAYOR, COUNCILLORS, EMPLOYEES, AGENTS, AND REPRESENTATIVES, OF AND FROM THE CLAIMS, INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS OR EXPENSES OF ANY KIND ARISING OUT OF OR RELATING THERETO.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of HRM, its Mayor, councillors, employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any HRM day camp or similar program.

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Signature of Parent/Guardian

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Date

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Print Name of Parent/Guardian

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Full Name(s) of Participant(s) in HRM Day Camp or Similar Program

