



Safety First Partnership Agreement and Assumption of Risk

This Safety First Partnership Agreement is between The Rising-Victoria Centre for Circus

Arts and _____(student- print name)

and (if a minor) their parent(s)/legal guardian(s)_____ (print name) and their family.

Each time you are coming into The Rising-Victoria Centre for Circus Arts, you agree to the following:

(Please initial in below column)	
	I / my child will not attend class at The Rising if I / they show any symptoms of COVID-19. According to BC's Ministry of Health, below are symptoms: <ul style="list-style-type: none">• Fever• Chills• Cough• Shortness of breath• Sore throat and painful swallowing• Stuffy or runny nose• Loss of sense of smell• Headache• Muscle aches• Fatigue• Loss of appetite
	To the best of my knowledge, I/my child am/is not in <i>regular close contact</i> with anyone who has tested positive for COVID-19 within the past 14 days of each time I /they attend class at The Rising.
	Understand that I / my child could contract COVID-19 from an asymptomatic person at this facility or a contaminated surface.
	Am fully aware of The Rising's safety procedures (posted on the website and facility's wall) to prevent the spread of COVID-19 and will follow these procedures.
	Agree to inform The Rising immediately if I / my child : <ul style="list-style-type: none">• develop symptoms and will be tested/have been tested for Covid-19• have been asked to self-isolate by the health authority• traveled in the past 14 days outside of Canada

	Understand that if I willfully and intentionally violate the stated Covid-19 rules in our facility, the facility has the right to suspend me without a refund.
	Agree to inform The Rising immediately if I learn that any of the above information changes or I obtain new information.

Signature of Participant (over age 18): _____

Date: _____

Print Name: _____

Signature of Parent or Legal Guardian (if student is a minor): _____

Date: _____

Print Name: _____