



# 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 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:

To the best of my knowledge, I/my child:

<b>(Please initial in below column)</b>	
	<p>Have not shown symptoms of COVID-19 in the past 14 days. According to BC's Ministry of Health, below are symptoms:</p> <ul style="list-style-type: none"> <li>• Fever</li> <li>• Chills</li> <li>• Cough</li> <li>• Shortness of breath</li> <li>• Sore throat and painful swallowing</li> <li>• Stuffy or runny nose</li> <li>• Loss of sense of smell</li> <li>• Headache</li> <li>• Muscle aches</li> <li>• Fatigue</li> <li>• Loss of appetite</li> </ul>
	<p>Have not been in contact with anyone who has tested positive for COVID-19 or shown any of the above symptoms in the past 14 days.</p>
	<p>Understand that I could be a carrier of COVID-19 and be asymptomatic.</p>

	Understand that I could contract COVID-19 from an asymptomatic person at this facility or a contaminated surface.
	Am fully aware of the facility'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 studio/school immediately if I have developed symptoms within a two week period of being in the studio, or if I have learned that I have been in direct contact with someone who has later tested positive for the coronavirus within the same two week period or traveled in the past 14 days outside of Canada

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

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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Signature of Parent or Legal Guardian:

\_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_