

Daily Screening Checklist

This checklist may be updated as the situation progresses over the next weeks and months.

Daily Screening Checklist This form must be filled out and signed by everyone upon entering TAG

Today's Date:		Activity Start Time:	
Participant Name:			
Activity/Group:			

1.	Do you have any of the symptoms below? Please circle your answer.		
	• Fever (greater than 38.0°C) and/or chills	Yes	No
	• Coughing (not related to seasonal allergies)	Yes	No
	• Sneezing (not related to seasonal allergies)	Yes	No
	• Sore throat and/or painful swallowing	Yes	No
	• Stuffy and/or runny nose (not related to seasonal allergies)	Yes	No
	• Fatigue related to illness*	Yes	No
	• Loss of appetite	Yes	No
	• Shortness of breath	Yes	No
	• Loss of sense of smell	Yes	No
	• Headache	Yes	No
	• Muscle aches related to illness*	Yes	No
2.	Have you, or has anyone in your household travelled outside of Canada in the last 14 days?	Yes	No
3.	Have you, or has anyone in your household been in contact in the last 14 days with someone who is being investigated or who has a confirmed case of COVID-19?	Yes	No
4.	Are you currently being investigated as a suspect case of COVID-19?	Yes	No
5.	Have you tested positive for COVID-19 within the last 10 days?	Yes	No

Participant or Parent/Guardian name: _____ Signature _____

Emergency Contact #: _____

Staff Name: _____ Signature _____

*Note: fatigue and muscle aches may be expected as athletes return to sport. All participants, parents/guardians of minors, and club personnel must determine the difference between this and symptoms of illness.

TAG Sports Centre and Gymnastics BC

Participant Declaration of Compliance - COVID-19

Name of participant:	
Parent or Guardian if the participant is under age 19:	
Email:	
Telephone:	

Attention: All participants entering the facility must comply with this declaration.

By signing this document, I agree to follow club staff directives, and engage with all club requirements in TAG Sports Centre's COVID-19 Safety Plan. Additionally, I hereby acknowledge and agree to respect the following information outlined in this document:

1) Sickness

- a) I will stay home if I am unwell, or if someone in my household is unwell, or is displaying the following symptoms:
 - i) Fever and chills
 - ii) Cough
 - iii) Shortness of breath
 - iv) Sore throat and painful swallowing
 - v) Stuffy or runny nose
 - vi) Loss of sense of smell
 - vii) Headache
 - viii) Fatigue, etc.
- b) I confirm that I have not knowingly been in contact with a person that has a confirmed or suspected case of COVID-19.
- c) I agree to complete a routine daily screening process prior to entering my club.
- d) I confirm that I have not travelled outside of Canada in the last 14 days. Additionally, I confirm that I have not been knowingly exposed to someone who has travelled outside of Canada in the last 14 days.
- e) I acknowledge there are inherent risks associated with participating in activities. By attending club activities, I understand and assume all risks associated with potential exposure of COVID-19.

GYMNASTICS B.C.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT
(hereinafter the "Release Agreement")**

BY SIGNING THIS RELEASE AGREEMENT, YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE FOR NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF THE OCCUPIERS LIABILITY ACT OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT

PLEASE READ CAREFULLY!

INITIAL

Name of Participant	Last		First		
	Last		First		
Parent or Guardian if participant under age 19	Last		First		
	Last		First		
Address	Street		City		Prov./State
	Country	Postal/Zip Code	Email		Date of Birth: Day / Month / Year
					Age

TO: GYMNASTICS B.C. AND ALL MEMBER CLUBS and their respective directors, officers, employees, members, participants, coaches, volunteers, agents, independent contractors, subcontractors, representatives, successors, and all owners, operators or occupiers of the facilities in which the gymnastics activities, as defined below, take place (all of whom are hereinafter collectively referred to as the "**Releasees**").

DEFINITIONS

In this Release Agreement, the term "**gymnastics activities**" shall include all orientation, training, instruction, supervision, competitions, programs, services, and use of facilities and equipment which are organized, provided, controlled or conducted by the Releasees.

ASSUMPTION OF RISKS – Gymnastics activities involve various risks, dangers and hazards, which can result in serious injuries or death. These risks, dangers and hazards are reviewed in detail in the Gymnastics B.C. website at: <https://gymbc.org/safety-and-risk-management/>. Please take the time to learn about the risks, dangers and hazards of participating in gymnastics activities by carefully reviewing the Health and Safety, Assumption of Risks, and Risk Management sections of the Gymnastics B.C. website. Exposure to infectious disease including COVID-19 is one of the risks of participating in gymnastics activities. Specific information regarding the response of Gymnastics B.C. and member clubs to the COVID-19 pandemic is found in the Public Health section of the website. If you are a parent or guardian of a participant under the age of 19, please educate your child on these risks, dangers and hazards before completing this form. All participants in gymnastics activities are required to assume all such risks, dangers and hazards and all injuries resulting therefrom.

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH GYMNASTIC ACTIVITIES AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT (applies to person 19 years of age and older)

In consideration of **THE RELEASEES** allowing me to participate in gymnastics activities, I hereby agree as follows:

1. **TO WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against **THE RELEASEES** and **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury including death that I may suffer or that my next of kin may suffer as a result of my participation in gymnastics activities, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE *OCCUPIERS LIABILITY ACT*, R.S.B.C. 1996, c. 337, ON THE PART OF THE RELEASEES. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM OR WARN ME OF THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN GYMNASTICS ACTIVITIES;

- TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage or personal injury to any third party resulting from my participation in gymnastics activities;
- This Release Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
- This Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of British Columbia and no other jurisdiction; and
- Any litigation involving the parties to this Release Agreement shall be brought solely within British Columbia and shall be within the exclusive jurisdiction of the Courts of British Columbia.

In entering into this Release Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of gymnastics activities, other than what is set forth in this Release Agreement.

I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS RELEASE AGREEMENT AND I AM AWARE THAT BY SIGNING THIS RELEASE AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Dated this _____ day of _____, 20_____

Signature of Witness
Please Print Name

Signature of Participant
Please Print Name
Signature of parent or guardian if participant is under age 19

2) Personal hygiene:

- a) I agree to follow all personal hygiene requirements set out by my club, including but not limited to: frequent hand-washing and sanitizing, coughing and sneezing into my sleeve, etc.

3) Physical distancing

- a) I agree to practice safe social interactions, by maintaining a minimum distance of two meters between myself and others.

4) Environmental hygiene

- a) I agree to adhere to all club cleaning requirements.

5) Physical modifications

- a) I understand that equipment may be moved in order to facilitate safe social interactions and physical distancing.

Additionally, I understand and agree that if I do not adhere to the requirements set out by my club, I may be asked to leave the club activity in order to protect the health and safety of all involved.

This Participant Declaration of Compliance will remain in effect until GBC determines it is no longer required, based on viaSport, PHO, and WorkSafeBC requirements.

I also confirm that I have signed (Parent or Guardian if participant is under age 19) the Release of liability, waiver of claims, assumption of risks and indemnity agreement.

Signature: _____ Date: _____
Participant

Signature: _____ Date: _____
Parent/Guardian if participant under age 19