



COVID-19 DECLARATION OF COMPLIANCE

Participant Name: _____

Participant's Parent/Guardian Name (if Participant is <18): _____

Email: _____

Phone: _____

WARNING!

ALL INDIVIDUALS ENTERING THE FACILITY AND/OR PARTICIPATING IN SANCTIONED ACTIVITIES MUST COMPLY WITH THIS DECLARATION

Softball Canada, its provincial/territorial associations and affiliated leagues/clubs (collectively the “**Organization**”) require the disclosure of exposure or illness in order to safeguard the health and safety of all participants and limit the further spread of COVID-19. This Declaration of Compliance will be kept safely, and personal information will not be disclosed unless as required by law or with your consent.

An individual (or the individual's parent/guardian, if the individual is younger than the age of majority) who is unable to agree to the terms outlined in this document is not permitted to enter the Organization's facilities or participate in the Organization's activities, programs, or services.

I, the undersigned being the individual named above and the individual's parent/guardian (if the individual is younger than the age of majority), hereby acknowledge and agree to the terms outlined in this document:

- 1) The coronavirus disease COVID-19 has been declared a worldwide pandemic by the World Health Organization and COVID-19 is extremely contagious. The Organization has put in place preventative measures to reduce the spread of COVID-19 and requires all individuals (or their parent/guardian, when applicable) to adhere to the compliance standards described in this document.
- 2) The individual has not been diagnosed with COVID-19. **OR**, If the individual was diagnosed with COVID-19, the individual was cleared as noncontagious by provincial or local public health authorities.
- 3) The individual has not, nor has anyone in the individual's household, experienced any signs or symptoms of COVID-19 (including fever, new or worsening cough, fatigue, loss of taste or smell, sore throat, headache, pains, diarrhoea, rash on skin, red or irritated eyes).
- 4) If the individual experiences, or if anyone in the individual's household experiences, any signs or symptoms of COVID-19 after submitting this Declaration of Compliance, the individual will immediately isolate, notify the Organization, and not attend any of the Organization's facilities, activities, programs or services until the period that the Provincial Health Authority indicates must have passed since those symptoms were last experienced.
- 5) The individual is not currently under quarantine, as per a directive from the federal, provincial/territorial, or local government, or because of any other reason.

- 6) The individual is following recommended guidelines, including but not limited to, practising physical distancing, trying to maintain separation of six feet from others, adhering to recognized hygiene best practices, and otherwise limiting exposure to COVID-19.
- 7) The individual will follow the safety, physical distancing and hygiene protocols of the Organization.
- 8) The individual will bring their own personal items and personal equipment (such as water bottles, bags, towels, etc.) at their discretion and will not share their personal items or equipment with other individuals.
- 9) This document will remain in effect until the Organization, per the direction of the provincial/territorial government and provincial/territorial health officials, determines that the acknowledgements in this Declaration of Compliance are no longer required.
- 10) The Organization may remove the individual from the facility or from participation in the activities, programs or services of the Organization at any time and for any reason if the Organization believes, in its sole discretion, that the individual is no longer in compliance with any of the standards described in this document.

I am in compliance with all government related isolation requirements and not experiencing any COVID-19 symptoms. If so, I will not attend any of the Organization's activities, programs or services until the symptoms have passed.

Participant (if the individual is the age of majority):

Signature: _____ Date: _____

Participant's Parent/Guardian (if the individual is younger than the age of majority):

Signature: _____ Date: _____