

APPENDIX D: AFA COVID Waiver, Release, and COVID Declaration

Alberta Fencing Association

I, the undersigned, intend to use some or all of the activities, facilities, programs and services offered by Alberta Fencing Association (herein referred to as "AFA") and delivered by the AFA and its sanctioned clubs.

Assumption of Risk and Release and Waiver of Liability

For the valuable consideration of being allowed such use, I do hereby waive, release and forever discharge AFA, including any associated or related persons, or any directors, officers, employees, agents, contractors, volunteers, insurers, successors, assigns or sponsors representatives and all others acting on its behalf (the "Releasees") from any and all claims or causes of action (known or unknown) for any and all injury, illness, damage or loss that may occur to me or my property as a result of my participation in any aspect of the activities, facilities, programs and services offered, including, but not limited to, my use of equipment or machinery in connection with the activities, facilities, programs and services offered by the AFA Staff and Clubs.

I understand that each person (myself included) has a different capacity for participating in activities, facilities, programs and services and that participation carries an inherent risk. I am aware that all activities, facilities, programs and services offered are educational, recreational or self-directed in nature. I agree that my participation is strictly voluntary and has not been requested or required by the Releasees. I further agree that I assume any and all risk of injury, illness, damage or loss that might result. I further agree to assume all risk of damage, loss or theft to or of any of my personal property.

I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation. I acknowledge that I have either had a physical examination and have been given a physicians permission to participate or that I have decided to participate without the approval of my physician. I assume all responsibility for my participation in the activities, facilities, programs and services offered by the clubs and for my utilization of any and all equipment and machinery in connection with these activities, facilities, programs and services.

I understand that the activities, facilities, programs and services offered by the AFA or Clubs may sometimes be conducted by persons who may not be knowledgeable, licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of some AFA employees, agents, representatives or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any

mental or physical disease or condition by those who are not duly licensed, certified or registered and employed to provide such professional services.

Consent to Use of Images

I hereby grant the right to use or disclose, without payment of any fee, charge, or compensation of any kind, including royalties, any and all non-focused, background or otherwise unidentifiable photographs, video or other visual media (the Images) of myself taken by AFA or member Clubs for promotional purposes. I also agree to waive any right to approve such use, and waive all moral rights I have in such Images in perpetuity.

Consent to Use of Personal Information

I understand and agree that my name and email address may be used to correspond with Alberta Sport regarding my participation, and to send information about current and future Alberta Sport programs and services. I further agree that the AFA may also contact me to conduct research in an effort to continually improve programs. I understand and agree that my personal information will not be used for any other purpose without my consent. I further understand that AFA makes its contact information available to the provincial sport organizations when reasonable (to confirm rosters, clinic notification, etc.). I further understand and agree that AFA may also make my contact information available to the Province of Alberta when reasonable (to send congratulations). I understand I may withdraw my consent to any further collection, use or disclosure of information about you at any time by giving reasonable notice to AFA.

Those under 18 years of age must have this form signed by a parent or guardian.

Declaration:

I acknowledge that I have carefully read this Agreement and fully understand that it is a **release and waiver of liability and consent**. I certify that I have read and understand all of the terms of this Agreement and agree to continue to abide by all of the terms of this Agreement.

Participant (print name)

Signature

Date

If Participant is under 18 years of Age - Guardian signature required

I represent that I am the parent or legal guardian of the Participant and that I have the legal authority to execute this Agreement. I have read and understand the provisions of this Agreement and consent to all provisions in this Agreement.

Parent/Guardian (print name)

Parent/Guardian Signature

Date

COVID-19 Declaration

I hereby declare that I, or anyone in my household, has not experienced any cold or flu-like symptoms in the last 14 days (including fever, cough, sore throat, respiratory illness, difficulty breathing). If I, or anyone in my household, experiences any cold or flu-like symptoms after submitting this declaration, I will then not attend any activity, program or service for a minimum period of 14 days after the cold or flu-like symptoms have completely gone away. This agreement will remain in effect until AFA, at the direction of the Province of Alberta and provincial health officials, declares the requirements in this declaration are no longer in Effect.

Health Status Declaration

☒ Agree _____
(Initial)

I hereby declare that I or any member of my household have not travelled to or had a lay-over in any country outside Canada or Province outside of Alberta in the past 14 days. This agreement will remain in effect until AFA, at the direction of the Province of Alberta and provincial health officials, declare the requirements in this declaration are no longer in effect.

Travel Declaration

☒ Agree _____
(Initial)

I have read and understand the below "AFA OUTDOOR GROUP TRAINING RULES AND PROTOCOLS DECLARATION" and accept and waive any right to participating should I not comply with these policies.

☒ Agree _____
(Initial)

AFA Sanctioned Club Outdoor Group Training Rules and Protocols

All participants will bring their own equipment (if applicable), and participants are not allowed to enter into any indoor premises of the training location to change, shower, and obtain food or beverages. Participants are required to maintain a two-metre distance from others attending the training session.