



## COVID-19 Waiver

Due to the COVID-19 pandemic, we are taking extra precautions with the intake of each participant. Please answer these questions truthfully so we may continue to do our best to stop the spread. Have you experience the following symptoms?

Primary symptoms of COVID-19 may include:

- new cough or a chronic cough that is worsening
- fever
- new or worsening shortness of breath or difficulty breathing
- sore throat
- runny nose

Secondary symptoms of COVID-19 may include:

- stuffy nose
  - painful swallowing
  - headache
  - chills
  - muscle or joint pain
  - gastrointestinal symptoms
  - loss of sense of smell or taste
  - conjunctivitis (pink eye)
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- I understand the above symptoms and affirm that I, as well as all members of my household, do not currently have nor have experienced COVID-19 symptoms within the last 14 days.
  - I affirm that I, as well as all members of my household, have not been diagnosed with COVID- 19 within the last 14 days.
  - I affirm that, to my knowledge, in the last 14 days I have not been in contact with anyone who has been diagnosed with COVID-19.
  - I affirm that **if** I travelled outside of Canada in the last month, I isolated in my home for 14 days upon my return.
  - I understand that, close physical contact, there may be an elevated risk of disease transmission, including COVID-19.
  - I understand that this business Archery Circuit cannot be held liable should I experience exposure to the virus or any other contagion as a result of my providing misinformation on this form.

If a potential COVID-19 exposure occurs at this business, I consent to provide my name and contact information to Ontario Health Services for the purpose of contact tracing.

## Ontario to Require Proof of Vaccination in Select Settings

TORONTO — To further protect Ontarians as the province continues to confront the Delta-driven fourth wave of the COVID-19, the government, in consultation with the Chief Medical Officer of Health, will require people to be fully vaccinated and provide proof of their vaccination status to access certain businesses and settings starting September 22, 2021. Requiring proof of vaccination in these settings reduces risk and is an important step to encourage every last eligible Ontarian to get their shot, which is critical to protecting the province's hospital capacity, while also supporting businesses with the tools they need to keep customers safe, stay open and minimize disruptions.

"As the world continues its fight against the Delta variant, our government will never waver in our commitment to do what's necessary to keep people safe, protect our hospitals and minimize disruptions to businesses," said Premier Ford. "Based on the latest evidence and best advice, COVID-19 vaccine certificates give us the best chance to slow the spread of this virus while helping us to avoid further lockdowns. If you haven't received your first or second dose of the COVID-19 vaccine, please do so today."

As of September 22, 2021, Ontarians will need to be fully vaccinated (two doses plus 14 days) and provide their proof of vaccination along with photo ID to access certain public settings and facilities. This approach focuses on higher-risk indoor public settings where face coverings cannot always be worn and includes:

- Restaurants and bars (excluding outdoor patios, as well as delivery and takeout);
- Nightclubs (including outdoor areas of the establishment);
- Meeting and event spaces, such as banquet halls and conference/convention centres;
- Facilities used for sports and fitness activities and personal fitness training, such as gyms, fitness and recreational facilities with the exception of youth recreational sport;
- Sporting events;
- Casinos, bingo halls and gaming establishments;
- Concerts, music festivals, theatres and cinemas;
- Strip clubs, bathhouses and sex clubs;
- Racing venues (e.g., horse racing).

These mandatory requirements would not apply to outdoor settings where the risk of transmission is lower, including patios, with the exception of outdoor nightclub spaces given the risk associated with the setting. In addition, these requirements will not apply to settings where people receive medical care, food from grocery stores, medical supplies and the like. Aligned with public health measures currently in place, indoor masking policies will continue to remain in place.



## **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

In consideration of participating in the sport of Archery Tag®, I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity.

I fully understand that this activity involves risk of serious bodily injury which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releases” named below; and that there may be other risks either not known to me or not readily foreseeable at this time: and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my own participation in the activity. I hereby release, discharge, and covenant not to sue Archery Circuit Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and in applicable, owners and lessors or premises on which the activity takes place, (each considered on of the “RELEASES” herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence or the “releases” or otherwise, included negligent rescue operations; and I further agree that if, despite this release, waiver or liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the RELEASES, I will indemnify, save, and hold harmless each of the RELEASES from any loss, liability, damage, or cost which any may incur as the result of such claim.

## **PARENT CONSENT**

I, the minor’s parent and /or legal guardian, understand the nature of the above referenced activities and the minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNITY AND SAVE AND HOLD HARMLESS each of the RELEASES from all liability, claims, demands, losses, or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the RELEASES or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above RELEASES, I WILL INDEMNITY, SAVE AND HOLD HARMLESS each of the RELEASES from any litigation expenses, attorney fees, loss liability, damage, or cost any RELEASES many incur as the result of any such claim.

## **PERMISSION FOR PHOTOGRAPHY**

I grant to Archery Circuit Inc. the absolute and irrevocable right and unrestricted permission concerning any photographs that Archery Circuit Inc. has taken or may take of me or in which I may be included with others, to use, reuse, publish, and republish the photographs in whole or in part, individually or in connection with other material, in any and all media now or hereafter known, including the internet, and for any purpose whatsoever, specifically including, promotion, art, editorial, advertising, and trade, without restriction as to alteration; and to use my name in connection with any use if he/she so chooses. I release and discharge Archery Circuit Inc. from any and all claims and demands that may arise out of or in connection with the use of the photographs, including without limitation any and all claims for libel or violation of any right of publicity or privacy. This authorization and release shall also inure to the benefit of the heirs, legal representatives, licensees, and assigns of Photographer, as well as the person(s) for whom he/she took the photographs. I am a legally competent adult and have the right to contract in my own name. I have read this document and fully understand its contents. This release shall be binding upon me and my heirs, legal representatives, and assigns.

The signatures on the back of this document binds the signee(s) to all consents, releases and waivers.

**Release Signature Page**

**Date/ Time:**

Name of Participant | Signature of Parent/Participant | 18 (+) Years | No Symptoms | Double Vaccination

1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
6.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
7.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
8.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
9.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
10.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
11.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
12.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
13.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
14.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
15.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
16.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
17.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
18.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
19.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
20.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
21.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
22.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>