I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, consent to take part in *Janet Barber Aquatics’ Summer 2023 Swimming* program during the COVID-19 pandemic.

Heath Canada states that Covid-19 is a serious health threat, and the situation is evolving daily. I understand that the COVID-19 virus has at least a 14-day incubation period, during which carriers of the virus might not show symptoms and still be contagious. An individual’s Covid-19 status is impossible to determine without viral testing. The tests are currently not available to all Ontario citizens.

I can confirm that I am not presenting any of the following symptoms of Covis-19 listed below:

* Fever
* Shortness of Breath
* Dry Cough
* Runny Nose
* Sore Throat \_\_\_\_\_\_\_\_\_\_\_ (Initial)

I confirm that I have not been around somebody with the Covid-19 virus, virus-like symptoms, and/or is currently self-quarantined (Covid-19 status unknown). \_\_\_\_\_\_\_\_\_\_\_ (Initial)

I understand that air travel significantly increases my risk of contracting and transmitting the Covid-19 virus. Health Canada and all public health authorities require quarantining for 14 days to anyone who has traveled outside of Canada.

I verify that I have not travelled outside of Canada in the past 14 days. \_\_\_\_\_\_\_\_\_\_\_ (Initial)

I verify that I have not been identified as a contact of someone who has tested positive for Covid-19 or have been asked to self-isolate by Public Health, the Communicable Disease Control or any other government health agency. \_\_\_\_\_\_\_\_\_\_\_ (Initial)

I understand that Public Health has asked individuals to maintain social distancing of at least 2 meters (6 feet) and that I will follow this rule during *Janet Barber Aquatics’ Summer 2020 Swimming* program. \_\_\_\_\_\_\_\_\_\_\_ (Initial)

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

Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_