



BATTLE RIVER CANINE ASSOCIATION

RELEASE OF LIABILITY, WAIVER OF CLAIMS ASSUMPTION OF RISK AND INFORMED CONSENT

By signing this document, you understand and accept the risks associated with the Event.
Please read carefully!

In consideration of permission, granted now or in the future by the Battle River Canine Association (BRCA) to participate in the All Breed Dog show (Event) on April 2nd, 3rd, and 4th 2021, I agree and acknowledge that:

1. _____ (your name) has met all the prerequisites required for participation in the Event and will abide by its rules and regulations.
2. Participation in The Event has risks and hazards including risks associated with the novel coronavirus and COVID-19. As a participant, I may suffer property damage, personal injury, and even death. I freely and voluntarily assume all the risks and hazards of participation, including any legal risks. This means that I am giving up my right to sue the BRCA, its members or employees for any reason, including the BRCA, its members or employees' negligence, if I suffer any damage, injury, loss or death by participating in the Event.
3. I waive any claim I may have against the BRCA, its members or employees arising from my participation in the Event, however it is caused, and I agree to indemnify and hold harmless the BRCA, its members or employees from all claims arising from my participation in The Event.
4. This RELEASE OF LIABILITY, WAIVER OF CLAIMS INCLUDING CLAIMS ASSOCIATED WITH THE NOVEL CORONAVIRUS AND COVID-19, ASSUMPTION OF RISK and INDEMNITY is binding on myself, my heirs, my executors, administrators, personal representatives and assigns.

DATED at _____, _____ this _____ day of _____, 2021
City Province

Name of Participant
(Please Print)

Signature of Participant



BATTLE RIVER CANINE ASSOCIATION (COVID-19) Assessment Tool

Daily Screening Questionnaire.

All members, volunteers and exhibitors are required to fill out the below questionnaire to assist in determining your fitness to work or show during the COVID-19 pandemic to provide a safe environment for everyone.

The personal information collected by this form is obtained under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act (Alberta). The information will be used for the purpose of managing access to The Event. If you have any questions regarding the collection and use of this information please the Show Superintendent.

The questionnaire only relates to **new** symptoms or a **worsening** of symptoms related to allergies, chronic or pre-existing conditions. Those with symptoms related to pre-existing conditions or allergies can still go to work or visit.

Printed Name: _____ Signature: _____ Date: _____

Risk Assessment: Screening Questions (If an individual answers **YES** to any of the questions, they must not be allowed to attend or participate in the activity or program.)

1.	Do you have any new onset (or worsening) of any of the following symptoms:		
	• Fever (38.0°C or higher) * DAILY TEMP. _____	YES	NO
	• Cough *	YES	NO
	• Shortness of breath / difficulty breathing *	YES	NO
	• Runny nose *	YES	NO
	• Sore throat *	YES	NO
	• Chills	YES	NO
	• Painful swallowing	YES	NO
	• Nasal congestion	YES	NO
	• Feeling unwell / fatigued	YES	NO
	• Nausea / vomiting / diarrhea	YES	NO
	• Unexplained loss of appetite	YES	NO
	• Loss of sense of taste or smell	YES	NO
	• Muscle / joint aches	YES	NO
• Headache	YES	NO	
• Conjunctivitis (commonly known as pink eye)	YES	NO	
2.	Have you travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you had close contact with a confirmed case ² of COVID-19 in the last 14 days?	YES	NO

*Individuals with fever, cough, shortness of breath, runny nose, or sore throat, are required to isolate for 10 days per [CMOH Order 05-2020](#) OR receive a negative COVID-19 test and feel better before returning to activities.

1 Face-to-face contact within 2 metres. A health care worker in an occupational setting wearing recommended personal protective equipment is not considered to be a close contact.

2 A lab-confirmed case OR a probable case as defined in the [Alberta COVID-19 Notifiable Disease Guidelines](#).