

BROME LAKE GARDEN CLUB

RISK RECOGNITION FORM

COVID-19

The new coronavirus, **Covid-19**, has been declared a global pandemic by the World Health Organization (WHO). **Covid-19** is highly contagious and is thought to spread mainly through person-to-person contact.

As a result, government authorities, local, provincial, and federal, recommend various measures and prohibit various behaviours, all with the aim of reducing the spread of the virus.

The Federation of Horticulture and Ecology Societies of Quebec and its members of which the Brome Lake Gardening Club is a member, are committed to complying with all the requirements and recommendations of Quebec Public Health and other government authorities, and to put in place and adopt all necessary measures to this end.

However, the Federation of Horticulture and Ecology Societies of Quebec and the Brome Lake Gardening Club cannot guarantee that you (or your child, if the participant is a minor/or the person of whom you are the guardian or legal guardian) will not be infected with **Covid-19**. In addition, your participation in the activities could increase your risk of contracting **Covid-19**, despite all the measures in place.

By signing this document,

1. I recognize the highly contagious nature of **Covid-19** and voluntarily assume the risk that I (or my child, if the participant is a minor/or the person of whom I am the guardian or legal guardian) may be exposed or infected with **Covid-19** by my (his/her) participation in the activities of the Federation of Horticulture and Ecology Societies of Quebec or the Brome Lake Gardening Club. Exposure or infection with **Covid-19** can lead to injury, illness or other ailments;
2. I declare that my participation (or that of my child, if the participant is a minor/or the person of whom I am the guardian or legal guardian) in the activities of the Federation of Horticulture and Ecology Societies of Quebec or the Brome Lake Gardening Club is voluntary;
3. I declare that neither I (or my child, if the participant is a minor/or the person of whom I am the guardian or legal guardian) nor anyone living under my roof, has shown symptoms of cold or flu (including fever, cough, sore throat, respiratory illness or breathing difficulties) in the past 14 days;
4. If I (or my child, if the participant is a minor/or the person of whom I am the guardian or legal guardian), experience symptoms of a cold or flu after signing this statement, I (or my child, if the participant is a minor/or the person of whom I am the guardian or legal guardian) undertake not to present myself (himself/herself) or participate in the activities

of the Federation of Horticultural and Ecology Societies of Quebec or the Brome Lake Gardening Club for at least 14 days after the last outbreak of cold or flu symptoms.

5. I declare that neither I (or my child, if the participant is a minor/or the person of whom I am the guardian or legal guardian), nor anyone living under my roof, has travelled or stopped outside of Canada in the last 14 days. If I (or my child, if the participant is a minor/or the person of whom I am the guardian or legal guardian) travel outside of Canada after signing this statement I (or my child, if the participant is a minor/or the person of whom I am the guardian or legal guardian) undertake not to present myself (himself/herself) to the activities of the Federation of Horticulture and Ecology Societies of Quebec or the Brome Lake Gardening Club for at least 14 days after the date of return of travel.

This document will remain in effect until the Federation of Horticulture and Ecology Societies of Quebec receives guidance from the provincial government authorities and Quebec Public Health, to the effect that the commitments contained in this statement are no longer necessary.

I HAVE SIGNED THIS STATEMENT FREELY AND IN FULL KNOWLEDGE OF THE FACTS.

Participant's name. Please print: _____

Participant's signature: _____

Parent/guardian/legal guardian name (if the participant is a minor or cannot legally consent).

Please print: _____

Signature of parent/guardian/legal guardian: _____

Location and Date: _____