



## COVID-19 Declaration and Self-Assessment

IN CONSIDERATION of The Continental Dance Club (“CDC”), permitting you to enter, access, attend, use, or work within both or either The Continental Dance Club, which includes The Continental Dance Club, Torner Partners, and any partnership within 3141 Wharton Way, (collectively, “CDC Facilities”), you hereby:

1. ACKNOWLEDGE, AGREE, and UNDERSTAND that you are choosing to enter **CDC Facilities** voluntarily and that **CDC** is taking prudent steps to implement appropriate safety protocols within **CDC Facilities** in accordance with public health and Government directives, but **CDC** cannot provide absolute assurance that you will not contract or transmit Covid-19;
2. FURTHER AGREE and DECLARE that you will conform to any and all directives, recommendations, orders, or protocols given by any local government or health authority, or which may be implemented by CDC, in relation to Covid-19 safety (collectively, the “**Protocols**”), for the entire duration of your attendance at **CDC Facilities**. This includes, but is not limited to, quarantine periods (if applicable), active screening (including temperature checks), wearing masks, gloves, personal protective equipment where required, physical distancing, the increased use of online tools, and otherwise observing all reasonable safety protocols as imposed by CDC or under applicable legislation. You also AGREE that you will not enter **CDC Facilities** under any circumstances if you feel unwell, have a fever, exhibit a cough, are experiencing any other similar symptoms associated with Covid-19, have any reason to believe you may be infected with Covid-19, or if you have tested positive for the Covid-19 virus. Similarly, should these circumstances occur while at the **CDC Facilities** you will immediately advise management and take steps to withdraw yourself from the **CDC Facilities** and advise management if you had close personal contact with anyone within the **CDC Facilities**;

**BY COMPLETING THIS DOCUMENT BELOW AND ON THE BACK OF THE PAGE YOU ACKNOWLEDGE THAT YOU HAVE READ IT, AND UNDERSTAND ITS CONTENTS.**

Name (Print) \_\_\_\_\_

Phone Number \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Initials \_\_\_\_\_

Parents or Guardians Initials \_\_\_\_\_

Temperature Check:  Yes \_\_\_\_\_  No

# Self-Assessment

- AGE:

- Under 18 (*Parental Signature Required*)       18 and Over

- Are you currently experiencing any of these symptoms? Choose **any** that are new and not related to seasonal allergies or pre-existing medical conditions.

- Yes    No      - Fever (feeling hot to the touch, a temperature of 37.8 degrees Celsius/100.4 degrees Fahrenheit or higher)
- Yes    No      - Chills
- Yes    No      - Cough that's new or worsening (continuous, more than usual)
- Yes    No      - Barking cough, making a whistling noise when breathing (croup)
- Yes    No      - Shortness of breath (out of breath, unable to breathe deeply)
- Yes    No      - Sore throat (not related to seasonal allergies or other known causes or conditions)
- Yes    No      - Runny nose (not related to seasonal allergies or other known causes or conditions)
- Yes    No      - Stuffy or congested nose (not related to seasonal allergies or other known causes or conditions)
- Yes    No      - Lost sense of taste or smell
- Yes    No      - Pink eye (conjunctivitis)
- Yes    No      - Headache that's unusual or long lasting
- Yes    No      - Digestive issues like nausea/vomiting, diarrhea, stomach pain (not related to other known causes or conditions)
- Yes    No      - Muscle aches that are unusual or long lasting
- Yes    No      - Extreme tiredness that is unusual (fatigue, lack of energy)
- Yes    No      - Falling down often
- Yes    No      - For young children and infants: sluggishness or lack of appetite
- None of the above

- Have **you** traveled outside of Ontario within the past 14 days?

- Yes       No

- Have you been **exposed to anyone** with or suspect to have Covid-19 symptoms **or** has traveled outside of Ontario in the past 2 weeks?

- Yes       No

Anyone who has any of the above symptoms or have said yes to any of the questions will be denied entry to the **CDC Facilities**. The Public Health Agency of Canada strongly urges anyone who has symptoms to **ISOLATE** at home or another suitable location and contact your doctor or health professional.

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

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

Signature: \_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_

We will not, in any circumstances, share your personal information with other individuals or organizations without your permission, including public organizations, corporations or individuals, except when applicable by law.