

TO: THE GOVERNORS OF THE UNIVERSITY OF LETHBRIDGE

WAIVER, RELEASE, ASSUMPTION OF ALL RISK, INDEMNIFICATION OF ALL CLAIMS, AND COVENANT NOT TO SUE THE GOVERNORS OF THE UNIVERSITY OF LETHBRIDGE (the Agreement)

WARNING: By entering into this Agreement you indicate that you understand the risks associated with the Activity(ies), and that you are aware that by allowing your child to participate in the Activity(ies) you are exposing them to the risks identified below.

CHILD'S NAME: _____

PARENT'S/GUARDIAN'S NAME: _____

PARENT'S/GUARDIAN'S ADDRESS: _____

CONSERVATORY OF MUSIC PRIVATE INSTRUCTOR NAME: _____; and

Using University Facilities and/or participating in University Activity(ies) On or Off University of Lethbridge Campuses (including the spaces that the Conservatory of Music occupies at Casa):

Music Lessons Start Date (approximate is fine): Start (yy/mm/dd): _____ End (yy/mm/dd): _____

The Alberta Government declared a province-wide state of emergency under *The Emergency Management Act* on March 17, 2020 to protect the health and safety of all Albertans and to reduce the spread of the novel coronavirus (or **COVID-19**). **COVID-19** is easily spread by contact with droplets produced by people who have the virus.

The Board of Governors of the University of Lethbridge (the **University**) has put in place measures to reduce the spread of **COVID-19**, however the University cannot guarantee that any individual attending the University Campus, using the University's facilities, or participating in activities organized by the University, whether on-campus or off-campus (collectively, the **University Activities**) will not become infected with **COVID-19**. Further, attending the University Campus and/or participating in the University Activities, could increase the risk of contracting **COVID-19**.

You are being asked to carefully review, confirm and agree to the statements made below.

In agreeing to send my child to their University Activities, I understand that the University will not be liable for any loss, injury or death resulting from the risks outlined herein. I agree to waive my right and my child's right to sue the University for any loss, injury or death resulting from the risks outlined within this Agreement.

A. Agreement Not to Send My Child to University Activities if Symptomatic

On behalf of myself and my child, _____ (insert name of child), I certify as follows:

A. Agreement Not to Use University Facilities or Participate in University Activities if Symptomatic

1. No one in my child's household(s) is experiencing any symptoms of illness, including symptoms that resemble a cold. Symptoms include, but are not limited to: cough, fever, shortness of breath or difficulty breathing, runny nose, stuffy nose, sore throat, painful swallowing, headache, chills, muscle or joint aches, feeling unwell in general, new fatigue or severe exhaustion, gastrointestinal symptoms (such as nausea, vomiting, diarrhea, or unexplained loss of appetite), loss of sense of smell or taste, or pink eye.

initial

2. I understand that the list of symptoms noted above is constantly evolving, and I will make best efforts to monitor the most current information from the Government of Alberta at the following link before sending my child to their University Activities: <https://www.alberta.ca/coronavirus-info-for-albertans.aspx>
3. I will check my child's temperature each day and will ensure I do not have a fever before sending them to their University Activities.
4. My Child will not attend their University Activities if anyone in my child's household(s) is sick, even if the symptoms resemble a mild cold. If anyone in my child's household(s) is sick or symptomatic, I agree to keep my child from participating in their University Activities and will inform the University by emailing the Music Conservatory at music.conservatory@uleth.ca.
5. I have explained to my child the risks of not conforming with the safety and hygiene protocols that have been adopted by the University, and are posted on the Government of Alberta's website (<https://www.alberta.ca/prevent-the-spread.aspx>) in advance of my child attending their University Activities. I have also explained to my child that they must follow these safety and hygiene protocols. I will also review the Music Conservatory's precautionary procedures and the missed lesson procedures, found here: <https://www.uleth.ca/music-conservatory/about-us>.

I further certify that:

1. No one in my child's household(s) has travelled internationally in the past fourteen (14) days.
2. No one in my child's household(s) believes that they have been exposed to a person with a confirmed or suspected diagnosis of **COVID-19** within the last 14 days.
3. No one in my child's household(s) has been diagnosed with **COVID-19** within the past 2 months and/or is being directed by Alberta Health Services to self-isolate.
4. The individuals in my child's household(s) are following recommended guidelines as much as possible including, but not limited to: practicing social distancing by maintaining a separation of at least six (6) feet or two (2) meters from others who are not part of their household(s), engaging in proper handwashing, respecting inter-provincial travel recommendations, and otherwise limiting their exposure to **COVID-19**.
5. If my answers to any of the above statements change prior to my child commencing their University Activities or during, I will withdraw my child from their University Activities and inform the University by emailing music.conservatory@uleth.ca.

B. Assumption of Risk

The University is attempting to limit the risk of exposure to **COVID-19** by using reasonable efforts to follow the health and safety guidelines recommended by the provincial and federal health authorities. Nevertheless, I understand that there remains a risk that my child could contract **COVID-19** by attending the University Campus, Using University Facilities or Participating in their University Activities. I therefore acknowledge and agree as follows:

1. I acknowledge that **COVID-19** is easily spread by contact with droplets produced by people who have the virus and I voluntarily assume the risk that my child may be exposed to or infected by **COVID-19** while Using University Facilities or Participating in University Activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death to my child and members of my child's household(s).
2. I acknowledge that it is my responsibility to ensure my child learns and follow all health, safety and other rules established by the University. I understand that any behavior on my child's part that places others at risk could result in immediate termination of my child's right to Use University Facilities or attend their University Activities.

C. Waiver of Liability, Release and Indemnification

In consideration of the University permitting my child to Use University Facilities or Participate in their University Activities, I agree as follows:

