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 Campuse	<u>es</u>
(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 <i>The Emergency Management Act</i> on Mar 2020 to protect the health and safety of all Albertans and to reduce the spread of the novel coronavirus (or 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 spreactovide (the University) has put in place measures to reduce the spreactovide (the University) has put in place measures to reduce the spreactovide (the University) has put in place measures to reduce the spreactovide (the University) has put in place measures to reduce the spreactovide (the University) has put in place measures to reduce the spreactovide (the University) has put in place measures to reduce the spreactovide (the University) has put in place measures to reduce the spreactovide (the University) has put in place measures to reduce the spreactovide (the University) has put in place measures to reduce the spreactovide (the University) has put in place measures to reduce the spreactovide (the University) has put in place measures to reduce the spreactoride (the University) has put in place measures to reduce the spreactoride (the University) has put in place measures to reduce the spreactoride (the University) has put in place measures to reduce the spreactoride (the University) has put in place measures to reduce the spreactoride (the University) has put in place measures to reduce the spreactoride (the University) has put in place measures to reduce the spreactoride (the University) has put in place measures to reduce the spreactoride (the University) has put in place measures to reduce the spreactoride (the University) has put in place measures to reduce the spreactoride (the University) has put in place measures to reduce the spreactoride (the University) has put in place the spreactoride (the University) has put in place measures to reduce the spreactoride (the University) has put in place the spreactoride (the University) has put in place the spreactoride (the University) has put in place the spreactoride (the University) has put in place the spreactoride (the University) has put in place the spreactoride (the University	
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 I 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.	loss,
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,	ial

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.

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. 1 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			
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risk could result in immediate termination of my child's right to use university facilities of attend their			initial

C. Waiver of Liability, Release and Indemnification

University Activities.

In consideration of the University permitting my child to Use University Facilities or Participate in their University Activities, I agree as follows: $Page \ 2 \ of \ 3$

1.	To waive any and all claims that I have or my child may have in the future against the University, its members, officers, employees, students, agents, volunteers and independent contractors (collectively referred to as the Releasees).	al
2.	To release the Releasees from any and all liability for any loss, damage, injury, illness, death or expense that I may, my child may, or that members of my child's household(s) may suffer, including the contraction of COVID-19, as a result of my child attending the University Campus, Using University Facilities or Participating in their University Activities, including such loss, damage, injury, illness, death or expense that is caused by the negligence, breach of contract, or breach of any statutory or other duty of care (including any duty of care owed under the Occupier's Liability Act, RSA 2000 c. 0-4, as amended) on the part of the Releasees.	al .
3.	To hold harmless and indemnify the Releasees from any and all liability, causes of action, claims, judgments, costs and expenses (including legal fees) that I my child, a member of my child's household(s), or any third party may suffer as a result of my child attending the University Campus, Using University Facilities or Participating in their University Activities, including due to any act, omission, or negligence of the Releasees.	_
4.	This Agreement shall be effective and binding on my heirs, next of kin, executors, administrators, assigns, and representatives in the event of my death or incapacity.	ıl
federal actions	reement shall be governed by and construed in accordance with the laws in force in the province of Alberta and the laws of Canada, as applicable. The courts of Alberta shall have exclusive jurisdiction over all claims, disputes, and arising out of and related to attending the University Campus, Using University Facilities or Participating in sity Activities and this waiver and the parties hereby attorn to the jurisdiction of Alberta courts.	3
the termination the terminatio	carefully read, fully understand, have had an opportunity to consult with a lawyer, and freely and voluntarily accept ms contained within this Agreement and understand that I, on my own behalf and on behalf of my child, am giving stantial rights and accepting the risk that my child may come into contact with, be exposed to, or be diagnosed OVID-19 following their attendance on the University campus, Use of the University Facilities and/or participating r University Activities.	g
contair intende	m that I have authority to enter into this Agreement on behalf of my child and understand that the terms ned herein are legally binding. I understand and agree that the assumption of risk contemplated herein is ed to be as broad and inclusive as possible by the applicable laws of Canada and that if any portion hereof is held that the balance shall, notwithstanding, continue in full legal force and effect.	
Signe	d thisday of	
SIGNAT	TURE OF PARENT OR GUARDIAN PARENT OR GUARDIAN NAME (please print)	
WITN	ESS NAME (please print) WITNESS SIGNATURE (Non Family Member	
WITN	ESS ADDRESS WITNESS TELEPHONE #	
	(if signed electronically no witness signature required)	

This Agreement must be completed in full, without alteration, signed, dated and witnessed, and where indicated above paragraphs must be initialed before my child may use University Facilities and/or participate in their University Activity(ies).

The personal information requested on this form is collected under authority of the *Post-secondary Learning Act* (Alberta) and section 33(c) of the *Freedom of Information and Protection of Privacy Act* (Alberta) (the "Act") and will be protected under Part 2 of the Act. The information is collected for the purpose of determining participation in University programs and activities. Questions related to the collection, use or disclosure of your personal information can be directed to the University of Lethbridge Privacy Office, 4401 University Drive W, Lethbridge, AB T1K 3M4, 403-332-4620, email: mailto:foip@uleth.ca.