

## Assumption of the Risk and Waiver of Liability Relating to COVID-19

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I, and my guests, may be exposed to, or infected by COVID-19 while renting this facility. I understand that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to, or infected by COVID-19 at this facility, may result from the actions, omissions, or negligence of myself and others. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for the actions of myself and my guests while renting this facility and will ensure my guests abide by public health guidelines as issued by Southwestern Public Health.

By signing this agreement, I understand and agree to the following guidelines:

- I understand that the Township of South-West Oxford, staff, council members, community hall board and committee members are not liable, nor responsible should I, or my guests contract COVID-19 while renting this facility;
- I understand that face coverings must be worn at all times while in the facility, (unless a medical condition and/or age restricts guests in doing so). Should my guests forget to bring a face covering, I will be responsible in providing and distributing the face coverings;
- I understand the maximum capacity for the Brownsville Community Complex is 43 people and I will ensure this number is upheld;
- I attest that neither myself, nor my guests, are experiencing COVID-19 symptoms as listed by Southwestern Public Health;
- I am responsible for assuring that no individual from my group, who is experiencing COVID-19 symptoms, shall be permitted to enter the facility;
- I attest that neither myself, nor my guests, have travelled outside of Canada in the last 14 days, or have come into contact with an individual tested positive for COVID-19 in the last 14 days;
- I understand that all kitchen dishes and utensils shall be cleaned using the proper three or two sink compartment direction as outlined by the Ontario Board of Health;
- I understand that the pavilion and portable washrooms that I, or my guest, may be using, are not be routinely cleaned, thus increasing the risk of COVID-19 infection;
- I understand that I, and my guests, must vacate the facility immediately following the allocated rental time.

Notwithstanding the risks associated with COVID-19, which I readily acknowledge, I hereby willingly choose to rent the Brownsville Community Complex.

Applicant Name (Print): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Event Description: \_\_\_\_\_

Date of Use From: \_\_\_/\_\_\_/\_\_\_ to: \_\_\_/\_\_\_/\_\_\_ All day?  Time: \_\_\_\_\_ # of Guests: \_\_\_\_\_

Caterer Name (If Applicable) \_\_\_\_\_ Phone #: \_\_\_\_\_

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