

Participation and Compliance Agreement – COVID-19

Individual Name: _____

Email: _____

Phone: _____

Emergency Contact: _____

Emergency Contact Phone: _____

The leaders of the Thursday Night Competitive Dart League require the disclosure of exposure to illness in order to safeguard the health and safety of all participants and limit the further outbreak of COVID-19. This Participation and Compliance Agreement will be kept safely, and personal information will not be disclosed unless as required by law or with your consent.

An individual who is unable to agree to the terms outlined in this agreement is not permitted to be a member or participate in the activities of the above-named cohort.

I, the undersigned being the individual named above, understand that the novel corona virus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and COVID-19 is extremely contagious. I recognize that preventative measures have been put in place to reduce the spread of COVID-19 and I agree to adhere to the terms outlined in the agreement.

1. I have not been diagnosed with COVID-19 more than 14 days prior to the date this Participation and Compliance Agreement was signed.
2. I agree to provide a completed daily screening checklist prior to each time I participate and recognize that if I answer yes to any of the questions, I will not be allowed to participate without first self-isolating for 14 days.
3. I agree to self-report to the COVID-19 Single Point of Contact for the above-named mini dart club cohort between practice, play or competition if I have symptoms of COVID-19, if I have tested positive for COVID-19 within the last 14 days, or if I am exposed to someone with COVID-19 within the last 14 days.
4. I agree to participate exclusively with the St. Albert Legion and/or The F.O.E. St. Albert Dart Leagues and will not participate in any other sport or performing arts cohort throughout Stage 2.
5. I am participating voluntarily and understand the risks associated with COVID-19 and I agree to assume those risks, including but not limited to exposure and being infected.
6. I agree to follow the COVID-19 Safe Return to Darts protocols set out by Branch 271 St. Albert Legion including but not limited to, practising physical distancing where possible, adhering to recognized hygiene best practices, and otherwise limit my exposure to COVID-19.
7. I understand that this document will remain in effect throughout my participation with the above-named mini dart club cohort.
8. I understand that the leaders of the above named mini dart club cohort, in its sole discretion, may remove me from the facility or from participation in the activities, programs or at any time and for any reason if I am no longer in compliance with this agreement.

I acknowledge that I have read this agreement and understand it, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, spouse, children, parents, guardians, next of kin, executors, administrators and legal or personal representatives. I further acknowledge by signing this agreement I have waived my right to maintain a lawsuit against the St. Albert Legion or the above-named mini dart club cohort.

Individual's Signature: _____

Date: _____

Witness's Signature: _____

Date: _____