

Daily COVID-19 Attestation Form

By signing below, the Participant (named below) or the Participant's Guardian attests that the Participant:

1. Does not knowingly have COVID-19;
2. Is not experiencing any known symptoms of COVID-19, such as fever, cough, shortness of breath or malaise;
3. Has not travelled internationally during the past 14 days;
4. Has not frequented a COVID-19 high risk area in the Province during the last 14 days;
5. Has not, in the past 14 days, knowingly come into contact with someone who has COVID-19, who has known symptoms of COVID-19, or is self-quarantining after returning to Canada; and has been following government recommended guidelines in respect of COVID-19, including practicing physical distancing

FOR PARTICIPANTS WHO HAVE BEEN DIAGNOSED WITH COVID-19

By signing below, the Participant (named below) or the Participant or the Participant's Guardian attests that the Participant has been diagnosed with COVID-19, but been cleared as noncontagious by provincial or local public health authorities and has provided to the Organization, in conjunction with this COVID-19 ATTESTATION AND AGREEMENT, written confirmation from a medical doctor of the same.

Print Name: _____	Date of Birth: _____
the "Participant"	(mm/dd/yyyy)
Print Name: _____	
The "Guardian" (if Participant is a minor)	
Signature: _____	Date: _____
Participant or Guardian for minor	(mm/dd/yyyy)