

COVID-CONSCIOUS

Silent DJ Victoria events follow all covid precautions. Participants stay home if unwell, sign a covid checklist & waiver, and are distanced by a minimum of two metres. No-touch distribution and return of headsets. Headsets are quarantined, wiped, and sanitized in a UV-C sterilizer after use. Masks are welcomed.

Participation Release & Covid Checklist

PARTICIPATION RELEASE TO BE READ & SIGNED BY EACH PARTICIPANT

Do you have any of the following symptoms?

- o Fever
- o Chills
- o Cough or worsening chronic cough
- o Shortness of breath
- o Sore throat
- o runny/stuffy nose
- o Loss of sense of smell or taste
- o Headache
- o Fatigue
- o Diarrhea
- o Loss of Appetite
- o Nausea and vomiting
- o Muscle Aches
- o Pink Eye
- o Dizziness /Confusion
- o Abdominal Pain
- o Skin rashes or finger/toe discolouration

Have you or anyone in your household returned from travel outside Canada in the last 14 days?

Are you or is anyone else in your household a confirmed contact of a person confirmed to have Covid-19?

I, (print name) _____, acknowledge that I have not answered YES to any of the above and that I will not hold Mary Lloyd, Collective Joy Dance & Events, Silent DJ Victoria, Dance Your Abilities Therapeutic Movement Foundation, or the property owners responsible for any injury, loss, or illness that might result from participation in this event and any future events or headset rentals organized by Mary Lloyd that I may attend.

I am aware that certain risks are inherent in dancing and participating in activities outdoors and with others, including but not limited to personal injury, injury to others, damage to personal property, & bodily harm and death. I assume all risks and acknowledge I have read this release and fully understand it. I waive and release the organizers, volunteers, and property owners from all claims and liabilities arising in any manner from my participation. I acknowledge this release prevents me from suing or otherwise claiming against Mary Lloyd, Collective Joy Dance & Events, Silent DJ Victoria, Dance Your Abilities Therapeutic Movement Foundation, the location owners, now or at any future time for damage, loss, injury, or death, that may occur as a result of my attendance and participation.

Signature: _____

Date: _____

Witnessed & Filed by: _____