

BTSA COVID 19 Waiver Form, Release of Liability and Informed Consent

(Two part form, both must be filled out and signed)

Part 1 of 2: Due to the COVID-19 pandemic, we are taking extra precautions for Buffalo Target Shooting Association (BTSA) club events. Please answer these questions truthfully, so we may continue to do our best to stop the spread.

Primary symptoms of COVID-19 may include:

- new cough or a chronic cough that is worsening
- fever
- new or worsening shortness of breath or difficulty breathing
- sore throat
- runny nose
- conjunctivitis (pink eye)

Secondary symptoms of COVID-19 may include:

- stuffy nose
- painful swallowing
- headache
- chills
- muscle or joint pain
- gastrointestinal symptoms
- loss of sense of smell or taste

I, _____, accept the following affirmations
(print your name)

when engaging in a BTSA club event (initial each box if you understand it):

I understand the above symptoms and affirm that I, as well as all members of my household, do not currently have nor have experienced COVID-19 symptoms within the last 14 days.

I affirm that I, as well as all members of my household, have not been diagnosed with COVID19 within the last 14 days.

I affirm that, to my knowledge, in the last 14 days I have not been in contact with anyone who has been diagnosed with COVID-19.

I affirm that if I travelled outside of Canada in the last month, I isolated in my home for 14 days upon my return.

I understand that this association (identified above) cannot be held liable should I experience exposure to the virus or any other contagion as a result of my providing misinformation on this form.

If a potential COVID-19 exposure occurs at this organization, I consent to provide my name and contact information to Alberta Health Services for the purpose of contact tracing.

By signing this form, I acknowledge that I am aware of the risks involved.

Signature of Participant: _____ Date: _____

If applicable for child under 18 years old:

Print Name Legal Guardian: _____ Signature of Legal Guardian: _____

Email: _____ Phone number: _____

**RELEASE OF LIABILITY, WAIVER OF CLAIMS
ASSUMPTION OF RISK AND INFORMED CONSENT**

By signing this document, you understand and accept the risks associated with the BTSA Event. Please read carefully!

Part 2 of 2: In consideration of permission, granted now or in the future by the Buffalo Target Shooting Association (BTSA) to participate in _____ (The Event) on _____, 2021.

1. I, _____ (participant) has met all the prerequisites required for participation in The Event and will abide by its rules and regulations.
2. Participation in The Event has risks and hazards including risks associated with the novel coronavirus and COVID-19. As a participant, I may suffer property damage, personal injury, and even death. I freely and voluntarily assume all the risks and hazards of participation, including any legal risks. This means that I am giving up my right to sue BTSA for any reason, including BTSA's negligence, if I suffer any damage, injury, loss or death by participating in The Event.
3. I waive any claim I may have against BTSA arising from my participation in The Event, however it is caused, and I agree to indemnify and hold harmless BTSA from all claims arising from my participation in The Event.

DATED at Kananaskis, Alberta this _____ day of _____, 2021.

Signature of Participant

If applicable for child under 18 years old:

Print Name Legal Guardian: _____ Signature of Legal Guardian: _____