

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

PLEASE READ CAREFULLY BEFORE COMPLETING THIS WAIVER:

Due to the worldwide COVID-19 pandemic, the Prismatic Arts Society (“Prismatic”) is taking precautions to protect the safety of the public, our staff, volunteers, technicians, and artists. We are following Nova Scotia’s public health directives and guidelines to help prevent and reduce the spread of COVID-19.

Because COVID-19 is contagious and can spread between people through direct and indirect contact, attending events organized by Prismatic could increase your risk of contracting COVID-19. Prismatic cannot guarantee that you will not be exposed to or infected by COVID-19 when attending events organized by Prismatic.

By signing this waiver:

- 1) you assume **any and all risks relating to COVID-19**,
- 2) that arise directly or indirectly,
- 3) from attending events organized by Prismatic, and
- 4) release the Prismatic Arts Society,
- 5) and the Venues that are used by Prismatic, including: Halifax Regional Municipality, The Carleton, and any location deemed a Prismatic venue,
- 6) from **any and all liability relating to exposure to or contracting COVID-19**,
- 7) including, but not limited to illness, physical injury, financial loss, and death.

This is a legal document. Please read carefully before signing.

I, _____, agree to follow COVID-19 health and safety directives set by the Nova Scotia Health Authority and any additional health and safety guidelines set by Prismatic and/or the venues where events are hosted, when attending events organized by Prismatic.

This includes, but is not limited to, wearing a non-medical mask when directed to, maintaining at least two meters of physical distance from others and respecting social distancing protocols.

I _____, **affirm that:**

- I am not currently experiencing any symptoms of COVID-19 (head ache, runny nose, sore throat, fever, etc.)
- I have not experienced symptoms of COVID-19 in the past 14 days,
- I have not been, and no member of my household to my knowledge has been, exposed to anyone diagnosed with COVID-19 within the last 14 days, and
- I have not, nor has a member of my household to my knowledge, travelled outside of the Atlantic Provinces (Nova Scotia, New Brunswick, Prince Edward Island, Newfoundland and Labrador) within the last 14 days.

Initials

If a potential COVID-19 exposure occurs at an event or activity organized by or related to Prismatic, **I consent to Prismatic providing my name and contact information** to the Nova Scotia Health Authority for the purpose of **contact tracing**.

Initials

By signing this agreement, I acknowledge that COVID-19 is contagious. **I voluntarily assume the risk that I may be exposed to, or infected by, COVID-19** by attending events organized by Prismatic or by participating in activities related to Prismatic. I acknowledge that such **exposure or infection may result in personal injury, illness, permanent disability, and death**.

Initials

I voluntarily **agree to assume all of the risks** mentioned above and **accept sole responsibility for any infection or injury to myself** from attending events organized by Prismatic, or from participating in any activities related to Prismatic.

Initials

By signing this agreement, **I release, hold harmless, and discharge, the Prismatic Arts Society and the Venues that are used**, their Board members, organizers, employees, volunteers, artists, technicians, representatives, and affiliates, **from all claims**, including all liabilities, actions, damages, costs, or expenses of any kind **arising out of or relating to COVID-19 exposure**.

Initials

I understand and agree that this **release includes any claims based on the actions, omissions, or negligence of Prismatic and the Venues that are used**, their Board members, organizers, employees, volunteers, artists, technicians, representatives, and affiliates, whether a COVID-19 infection occurs before, during, or after attendance at any events organized by Prismatic, or participation in any activities related to Prismatic.

Initials

Participant Name

Participant Phone Number

Participant Signature

Parent or Guardian Signature (if participant is under 19 years of age)

Date