



## Declaration of Health

Gabriola Recreation Society is committed to the health and safety and wellbeing of all our participants, our staff and our community. We ask that participants complete this form prior to participating in a program.

Name of participant: \_\_\_\_\_

Have you travelled outside of Canada in the last 14 days? Yes \_\_\_ No \_\_\_

Did you provide care or have close personal contact with a person with a confirmed or possible COVID-19 within the last 14 days? Yes \_\_\_ No \_\_\_

Are you experiencing any symptoms of cold, flu or COVID-19, such as fever, chills, cough, shortness of breath, sore throat, stuffy or runny nose, loss of smell, headache, muscle aches, fatigue or loss of appetite? Yes \_\_\_ No \_\_\_

Do you agree to take reasonable steps to avoid being exposed to COVID-19? Yes \_\_\_ No \_\_\_

Do you agree that GRS reserves the right to remove the participant from the program for any reason relating to COVID-19? Yes \_\_\_ No \_\_\_

**If you answered “yes” to any of the above, we ask that you do not participate in this program**

If you indicated “no” to any or all of the above, will you inform Gabriola Recreation Society staff if any of the declarations above should become untrue over the course of this camp? Yes \_\_\_ No \_\_\_

Name of participant: \_\_\_\_\_  
(printed)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_