



INFORMED CONSENT FOR THE EXPLORING NATURE: OUTDOOR LEARNING PROGRAM

Name of Parent/Guardian: _____

Address of Parent: _____

Name of Minor Child(ren): _____

UNIVERSITY FACILITIES AND/OR UNIVERSITY ACTIVITIES: Exploring Nature: Outdoor Learning Program provided by the University of Guelph Child Care and Learning Centre

COVID-19 PANDEMIC WAIVER

The University of Guelph (the **University**) has put in place measures to reduce the spread of the novel coronavirus (or **COVID-19**), however the University cannot guarantee that any individual attending the University Campus, using the University’s facilities, or participating in activities organized by the University, whether on-campus or off-campus (including student internships and placements) (collectively, the **University Activities**) will not become infected with COVID-19. Further, attending the University Campus and participating in the University Activities, could increase the risk of contracting COVID-19.

All participants in the University Activities are being asked to carefully review, confirm, and agree to the statements made below.

I/We are the Custodial Parent(s) or Guardian(s) of the Minor Child(ren) identified above. In agreeing to participate in University Activities or use University Facilities, I/We understand that the University will not be liable for any loss, injury or death resulting from the risks outlined herein.

I certify that:

Initials

1. I/We and the Minor Child(ren) will not attend the University Campus and will refrain from using University Facilities or participating in University Activities if anyone in my household(s) is experiencing any symptoms of illness, including symptoms that resemble a cold. Symptoms include, but are not limited to: cough, fever, shortness of breath or difficulty breathing, decrease or loss of taste or smell, sore throat or difficulty swallowing, runny nose, stuffy nose, headache, chills, muscle or joint aches, feeling unwell in general, new fatigue or severe exhaustion, or gastrointestinal symptoms (such as nausea, vomiting, diarrhea, or unexplained loss of appetite). If anyone in my household(s) is sick or symptomatic, I/We will inform the University by emailing outdoor@uoguelph.ca.



2. I/We understand that the list of symptoms noted above is constantly evolving, and I/We will make best efforts to monitor the most current information from the Government of Ontario at the following link before using University Facilities or Participating in University Activities:
<https://www.ontario.ca/page/covid-19-stop-spread> _____
3. I/We and the Minor Child(ren) will not attend the University Campus and will refrain from using University Facilities or participating in University Activities if anyone in my household(s) has tested positive for COVID-19 within the timeframe given in the current guidance from the Ministry of Health. If anyone in my household(s) tests positive for COVID-19, I/We will inform the University by emailing outdoor@uoguelph.ca. _____
4. I/We and the Minor Child(ren) will not attend the University Campus and will refrain from using University Facilities or participating in University Activities if anyone in my household(s) is currently isolating because of a positive COVID-19 test or COVID-19 symptoms, or if they are currently waiting for COVID-19 test results. _____
5. I/We and the Minor Child(ren) will not attend the University Campus and will refrain from using University Facilities or participating in University Activities if anyone in my household(s) has been identified as a “close contact” of someone who currently has COVID-19 and has been advised to self-isolate.
6. I/We and the Minor Child(ren) will not attend the University Campus and will refrain from using University Facilities or participating in University Activities if anyone in my household(s) has travelled outside of Canada and been told to quarantine or not attend school/child care.
7. I/We have read and understand the risks of not conforming with the safety and hygiene protocols that have been adopted by the University, and are posted on the Government of Ontario's website (<https://www.ontario.ca/page/covid-19-stop-spread>) in advance of Using University Facilities or participating in University Activities. I/We also understand that I/We and the Minor Child(ren) must follow these safety and hygiene protocols. _____
8. The individuals in my household(s) and social circle are following recommended guidelines as much as possible including, but not limited to: practicing physical distancing by maintaining a separation of at least six (6) feet or two (2) metres from others who are not part of the household(s) or social circle, engaging in proper handwashing, respecting travel recommendations, and otherwise limiting our exposure to COVID-19. _____

The University is attempting to limit the risk of exposure to **COVID-19** by using reasonable efforts to follow the health and safety guidelines recommended by the Provincial and Federal health authorities. Nevertheless, I understand that there remains a risk that I, my Minor Child(ren) or others could contract **COVID-19** by attending the University campus, using University Facilities, or participating in University Activities.



I therefore acknowledge and agree as follows:

Initials

1. I/We acknowledge that **COVID-19** is easily spread by contact with droplets produced by people who have the virus and I/We voluntarily assume the risk for myself (ourselves) and the Minor Child(ren) that we may be exposed to or infected by **COVID-19** while using University Facilities or participating in University Activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death to me, us, the Minor Child(ren) or members of my household(s) or social circle. _____
2. I/We acknowledge that it is my/our responsibility to ensure I/We learn and follow all health, safety and other rules established by the University. I/We understand that any behaviour on my/our part that places others at risk could result in immediate termination of my right to use University Facilities or participate in University Activities. _____

CHILD'S NAME

Signed this ____ day of _____, _____.

SIGNATURE OF PARENT

WITNESS SIGNATURE

SIGNATURE OF PARENT

WITNESS SIGNATURE