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## RISK ASSESSMENT

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We require you to fill out the below questionnaire to assist in determining your fitness to work during the COVID-19 pandemic to provide a safe environment for staff, physicians, contractors, patients and families.

**NOTE: This information in this questionnaire will be used solely for the purposes of determining fitness for work during the COVID-19 pandemic.**

Ensure at all times you are following protocols for hand hygiene and also remember to clean your keys, phone, equipment, computers and other personal items.

This questionnaire intends to identify new symptoms or worsening of symptoms that are related to allergies, chronic or pre-existing conditions. Those with symptoms related to pre-existing conditions or allergies can still go to work.

PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Do you have any of the following symptoms which are new or worsened if associated with allergies, chronic or pre-existing conditions: fever, cough, shortness of breath, difficulty breathing, sore throat, and/or running nose?	<b>YES</b>	<b>NO</b>
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Have you returned to Canada from outside the country (including USA) in the past 14 days?	<b>YES</b>	<b>NO</b>
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**IN THE PAST 14 DAYS, AT WORK OR ELSEWHERE, WHILE NOT WEARING APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT:**

Did you have close contact with someone who has a probable or confirmed case of COVID-19?	<b>YES</b>	<b>NO</b>
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Did you have a laboratory exposure to biological material (i.e., primary clinical specimens, virus culture isolates) known to contain COVID-19?	<b>YES</b>	<b>NO</b>
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**Please submit your completed questionnaire to your supervisor, or to a member of your management team**

If you answer "YES" to any of the above, you are not permitted to attend work at this time and you must self-isolate. Please inform **ALL** managers/leads you report to.

If you answer "NO" to all of the above, you can proceed to work. If you develop symptoms, please complete a new questionnaire.

NOTE: information from this questionnaire has been taken from Alberta Health Services



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## RELEASE AND INDEMNITY AGREEMENT

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**TO: ALL CANADIAN SPORT MANAGEMENT INC  
o/a ACE TENNIS; TORONTO TENNIS CITY**

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**Name of Participant  
(the "participant")**

Last Name:

First Name:

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Phone Number:

Email:

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Activities: Tennis Lessons/Programs/Camps at **Cedar Springs Health Racquet and Sports Club** at 960 Cumberland Avenue, Burlington, Ontario (the "Facility"); **Toronto Tennis City** at 185 Balliol Street, Toronto; **Howard Park Tennis Club** at 430 Parkside Drive, Toronto; **Milton Tennis Club** at 800 Santa Marina Blvd; **Mimico Tennis Club** at 29 George Street, Etobicoke; **Bridlewood Tennis Club** at 445 Huntingwood Dr. Scarborough; **Agincourt Tennis Club** at 31 Glenwatford Drive, Scarborough

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**Assumption of Risk:**

For good and valuable consideration provided from ACSMI to the Participant (including but not limited to the right to participate in the Activities at the Facility), and the mutual covenants herein, the receipt and sufficiency of which is hereby acknowledged, the Participant does hereby agree as follows:

That this Release and Indemnity Agreement is in addition to the existing Release and Indemnity Agreement entered into when I/We became a member of ACSMI.

I am aware that by participating in the Activities noted above I will be exposed to many inherent risks and dangers ("Risks"), including but not limited to exposure to Covid 19 and/or the possibility of the risk spreading Covid 19 virus to other individuals at the Facility and/or to the public at large, that may result in, among other things, mild or severe illness, physical injury, partial or total disability, death and/or property loss or damage. These risks, which were not included in the first Release and Indemnity Agreement we entered into include, but are not limited to, risks and dangers arising from COVID 19 RISKS and exposure to Covid 19 and/or the possibility of the risk of spreading Covid 19 virus to other individuals at the Facility and/or to the public at large.

**I agree with the foregoing and freely accept and fully assume all Risks and acknowledge the possibility of, and agree to be solely responsible for personal injury, death, disability, property damage or loss resulting from the Risks except where such arises as a result of the negligence or willful misconduct of the facility. I have no pre-existing health or medical condition which could be triggered or exacerbated by participation in the Activities or which could be expected to impact my safety or the safety of others.**

**I agree to comply with the COVID- 19 Policies recently adopted by ACSMI and posted at the Facility (a copy attached hereto).**

**Initials:\_\_\_\_\_**

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## RELEASE AND INDEMNITY AGREEMENT

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I further agree to **RELEASE FROM LIABILITY** and to **INDEMNIFY AND HOLD HARMLESS** ACSMI its agents, employees, management and Directors from all losses or claims for damages or injury for which me or my child may be liable to any other person, as a result of these activities, whether the claim is based on negligence or any cause.

Initials:\_\_\_\_\_

This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.

I agree with and freely accept the responsibility for the foregoing.

Initials:\_\_\_\_\_

This indemnity shall survive the expiry or earlier termination of this Agreement.

Initials:\_\_\_\_\_

I acknowledge that I have read, understood and agree with this Release and Indemnity Agreement; that I appreciate and accept the risks; that I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and legal representatives may have against ACSMI; and that I have executed this Agreement voluntarily. I am at least 18 years of age. Where a Participant is under 18 years of age, a parent or legal guardian has signed below.

Signed this : \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_.

\_\_\_\_\_  
Signature of Participating Employee/Student

\_\_\_\_\_  
Printed Name of Participating Employee Student

\_\_\_\_\_  
Signature of Parent or Legal Guardian for Minor

\_\_\_\_\_  
Printed Name of Parent of Legal Guardian of Minor

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness

This Agreement must be completed in full (signed, dated, witnessed and initialed where indicated) before the Activities may begin.

