

NOVA River Runners Inc., COVID-19 Health Status Screening/Consent/Participant Agreement

***All participants must agree 'NOT' to participate in any sport, activity, tour, or service provided by NOVA River Runners Inc. if they:**

- Are exhibiting the current CDC recognized symptoms consistent with COVID-19.
- Have knowingly been in contact with a suspected or positive case of COVID-19 within the past 14 days.
- Are within 72 hours of exhibiting significant COVID-19 symptoms or a fever.
- When recovering from a case of COVID-19, are less than 14 days from onset or less than 72 hours since the end of significant symptoms or fever.
- Have not been in the state for 14 days symptom free as long as, Health Mandate 10.1 – International and Interstate Travel – Order for Self-Quarantine is in effect.

CDC/OSHA COVID-19 RECOGNISED SYMPTOMS:

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing.
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

*This list is not all possible symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea. Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately.***

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake.
- Bluish lips or face

This list is not all the possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you. **Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.*

***Participants must agree to inform someone from the organization (NOVA River Runners Inc.) if they do become sick or exhibit symptoms within seven days of participation so that other participants can be informed that a fellow participant became sick and they should monitor for symptoms and practice recommended social distancing measures.**

I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be binding upon myself, my heirs, assigns, personal representative and estate, and for all members of my family including any minors accompanying me.

I have read and understood the CDC recognized COVID-19 symptoms provided above and accept the COVID-19 exposure risks of participating in this activity provided by NOVA River Runners Inc.

I am honest and truthful about my past and current health status, meeting participation criteria.

I will follow all health safety checks/ protocols/guidelines/mandates involved with the COVID-19 Mitigation Plan implemented by NOVA River Runners Inc. (Temperature Reading, Hand washing, Social Distancing, Limited touching, Face Masks etc.)

 **CHECK BOX:** **I have read Page 1 of 2.**

Inherent risks of PUBLIC ENVIRONMENTS:

I am aware that even with a thorough virus mitigation plan implemented by NOVA River Runners Inc. for public safety at all operations, there are always variables and human elements that cannot be controlled, increasing the risk/exposure to viruses in public environments.

I understand that NOVA River Runners Inc. is implementing these plans and guidelines to the highest capability of the company and its staff. Although, this may still result in exposure and/or even contraction of viruses such as COVID-19. There will be inevitable moments of vulnerability and exposure to viruses regardless of the diligence of employee cooperation and company implementation of the mitigation plan.

I understand that NOVA River Runners Inc. employees are non-household members and may be A-symptomatic (not exhibiting symptoms) or have early-stage infection without knowledge of their contraction or infection of a virus. Exposure to employees and company affiliates may result in increased risk, exposure, or contraction of viruses such as COVID-19. I am aware not all employees and participants have been vaccinated for Covid-19.

I understand that social distancing and other certain guidelines are difficult and only so feasible with-in the confines of the boat, tour group and transport vehicles which can lead to an increased risk and exposure level to the COVID-19 virus.

I give consent to be exposed to employees of NOVA River Runners Inc. during our tour that may increase exposure and lead to contraction of pathogens, diseases, and viruses such as COVID-19.

Health Status Screening/Participant Agreement; 'CONSENT' to mix non-households:

I am giving personal consent to be placed on a tour, in a transport vehicle or boat (raft) with other groups of people compiled of members that are not of my household by NOVA River Runners Inc. including company employees.

I understand that these other non-household members and employees may have been exposed to the COVID-19 virus and may not be exhibiting symptoms indicating infection or exposure to the virus.

I understand that social distancing and certain guidelines are difficult and only so feasible with-in the confines of the boat, tour group and transport vehicles which can lead to an increased risk and exposure level to the COVID-19 virus.

I am aware that companionship with these non-household members and/or NOVA employees may result in exposure and even contraction of COVID-19 and other viruses.

I understand that swimming from one boat to another boat, results in increased exposure to viruses and COVID-19 due to contact with other non-household members that may be infected on the tour.

I have read and understand the risk involved with the mixing/compiling of groups and non-household members during tours stated above by NOVA River Runners Inc.



Health Status Screening/Participant Agreement and 'WITH' CONSENT to mix non-households:

*Consent to mix with non-household members, **CHECK BOX:** **yes** **no** -Private Tours Only With-Out Consent.

*Hand wash, **CHECK BOX:** **yes** **no** *Temperature reading, **CHECK BOX:** **yes** **no** **Temp:** _____

* I have been vaccinated for Covid-19, **CHECK BOX:** **yes** **no**

* I have been tested for Covid-19 (Under 72 hours), Results, **CHECK BOX:** **positive** **negative** **n/a**

***Participant Full Name (Print):** _____

***Participant Agreement Signature:** _____

***Date:** / /

Under 18 years of age participant, Parental Signature: _____