## **Peterborough Academy of Circus Arts**

## Safety First Partnership Agreement and Assumption of Risk

The Safety First Partnership Agreement is between Peterborough Academy of Circus Arts (PACA) and \_\_\_\_\_\_(student) and their parent(s)/legal guardian(s) and their family.

Each time you are coming into our training space you agree to the following: To the best of my knowledge, I/my child:

## (Please initial each point)

Have not shown symptoms of COVID-19 in the past 14 days. According to the Center for the Disease Control, below are symptoms:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

Have not been in contact with anyone who has tested positive for COVID-19 or shown any of the above symptoms in the past 14 days.

Have not traveled out of Ontario or out of Canada in the past 14 days.

Have worn a protective mask when in public situations where social distancing is not consistently possible.

\_\_\_\_\_Understand that I could be a carrier of COVID-19 and be asymptomatic.

- \_\_\_\_\_Understand that I could contract COVID-19 from an asymptomatic person at our facility or a contaminated surface.
- Am fully aware of the facility's safety procedures (posted on our studio wall) to prevent the spread of COVID-19 and will follow these procedures.
  - Agree to inform the studio/school immediately if I have developed symptoms within a two week period of being in the studio, or if I have learned that I have been in direct contact with someone who has later tested positive for the coronavirus within the same two week period.
  - \_\_\_\_Understand that if I willfully and intentionally violate the stated hygiene rules in our facility, the facility has the right to suspend me without a refund.

\_\_\_\_Agree to inform the studio/school immediately if I learn that any of the above information changes or I obtain new information.

Signature of Participant:	
Date:	
Print Name:	
Phone number:	
Email Address:	
Parent or Guardian:	
Date:	
Print Name:	

I affirm today, that I still agree to all the above information, and that to my knowledge, nothing about my health situation has changed.

Date	Signature
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