

## Pre-Trip / Course Declaration of Health and Exposure

Members of the ACMG take the safety of their guests and employees, and the prevention of the spread of the COVID-19 pandemic very seriously. As such, you are required to make five attestations below for yourself and/or your child. The inability to make one or more of these attestations may disqualify you and/or your child from participation.

*I, the undersigned, attest to the following: (please initial beside each applicable attestation). In the case of a minor, "I" refers to that minor.*

\_\_\_\_\_ *To the best of my knowledge, I do not have the novel coronavirus COVID-19 or any variant of the novel coronavirus COVID-19, nor have I had it within the past 14 days*

\_\_\_\_\_ *To the best of my knowledge, I have not been exposed to someone who has the novel coronavirus COVID-19 or any variant of the novel coronavirus COVID-19 within the past 14 days*

\_\_\_\_\_ *Within the past 14 days, I have not experienced any of the following that are new and not related to allergies or pre-existing conditions: persistent cough, fever higher than 38 degrees Celsius (100.4 degrees Fahrenheit), shortness of breath, sore throat, flu-like symptoms, runny nose*

\_\_\_\_\_ *I have not traveled outside Canada during the past 14 days.*

\_\_\_\_\_ *I have not been asked to quarantine, nor am I awaiting a test result for COVID-19.*

\_\_\_\_\_ *(Optional) I have received one dose of an Approved vaccine (Pfizer, Moderna or Aztrazeneca).*

\_\_\_\_\_ *(Optional) I am fully vaccinated. I have received 2 doses of an approved vaccine (Pfizer, Moderna or Aztrazeneca) or the single dose Johnson & Johnson more than 2 - weeks ago.*

**By signing below, I confirm my understanding that I and/or my child may be refused participation in, or be asked to leave, this trip/course, with no option for refund of payment, if any of the above attestations are found to be incorrect or if the status of those attestations changes between the time of signing of this form and any time before the end of the trip/course.**

Name of participant (please print)

Signature of participant

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Date

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