

RICHMOND TENNIS CLUB
HEALTH DECLARATION AND WAIVER

This form must be completed prior to or at your first visit to the Club after May 1, 2020. Failure to do so will result in denial of access to the Club. The Club is permitting play during the COVID-19 pandemic based on the assurances members make to the Club and to each other in this document. Accordingly, any false statements could result in disciplinary action, including suspension or termination of membership. This is for the safety of all of us.

DECLARATION:

Neither I nor anyone in my household has experienced any cold or flu-like symptoms in the last 14 days (including fever, cough, sore throat, respiratory illness, difficulty breathing). If I or anyone in my household experience any cold or flu-like symptoms after submitting this form, I will immediately REPORT the symptoms to the Club Manager and NOT VISIT the Club for a minimum period of 14 days after the symptoms have completely gone away.

Neither I nor or any member of my household have travelled to or had a lay-over in any country outside Canada in the past 14 days. If I or anyone in my household travel to any country outside Canada after submitting this form, I will then not visit the Club for a minimum period of 14 days after the date of return to Canada.

I have read Club's rules regarding playing during the COVID-19 pandemic and agree to abide by them as long as they apply.

Signature _____ Name _____ Date _____

WAIVER:

I acknowledge and agree that in consideration of being permitted to participate in any tennis-related activities organized, staged and/or operated by **the Richmond Tennis Club ("RTC")**

I DO HEREBY RELEASE RTC and its directors, officers, employees, sponsors, independent contractors and agents from all liability, and **DO HEREBY WAIVE** as against **RTC** and its directors, officers, employees, sponsors, independent contractors and agents all recourses, proceedings, claims, and causes of action of any kind whatsoever, including the right to sue, in respect of any and all personal injuries or property losses which I may suffer arising out of or connected with my preparation for, or participation in **tennis-related activities** notwithstanding that such injuries or losses may have been caused solely or partly by the negligence or breach of duty of **RTC**, or any of its directors, officers, employees, sponsors, independent contractors or agents. I ***voluntarily assume all risks and hazards***, and acknowledge that participation in **tennis-related activities *shall be entirely at my own risk.***

Signature _____ Name _____ Date _____