











## THE 2019 NOVEL CORONAVIRUS (COVID-19) ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

NYOC is excited to resume its services. Following directions of Toronto Public Health Department and in order to ensure the safety of our staff, volunteers and students, we require all students to sign this form to:

- Ensure students do not have and/or are not suspected to be infected with COVID-19
- Release NYOC from all risk inherent to attending in-person dog training regarding COVID-19

Please read thoroughly, tick appropriate boxes, and sign/date bottom of waiver.

I do not currently have any of the following:

Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Fever		Cough		Difficulty breathing		Sore throat, trouble swallowing
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Runny nose		Loss of taste or smell		Not feeling well		Nausea, vomiting, diarrhea

Yes  Have you been in close contact with someone who is  
No  sick or has confirmed COVID-19 in the past 14 days?

Yes  Have you returned from travel outside Canada in the  
No  past 14 days?

I am fully aware of the risks and hazards with respect to COVID-19 inherent in my attendance at the services provided by NYOC

I freely and voluntarily agree to assume all risks with respect to COVID-19 that I may sustain as a result of my attendance of classes at NYOC.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_