SKYDIVE BURNABY LTD. COVID-19 SCREENING FORM

In order to manage the spread of COVID-19, the Government of Canada has put in place some new measures. Prior to boarding this flight, you will be required to undergo a health check.

Full Name: _____   Phone Number _____

Date: _____   Time: _____

** Before answering the following questions, you are advised that providing a false or misleading answer could result in a minimum fine of $5,000 (TC Interim Order 2020 No. 7). **

Do you have any of the following? (Please Circle)

1) Fever/Chills ....YES NO	6) Runny or Congested Nose..........................YES NO
2) New or Worsening Cough....................YES NO	7) Unusual Level of Fatigue............................YES NO
3) Difficulty Breathing...............................YES NO	8) Unusual Headache.....................................YES NO
4) Shortness of Breath...............................YES NO	9) Nausea/Vomiting, Diarrhea ....YES NO
5) Sore Throat...YES NO	10) Feeling Unwell and Not Sure Why............YES NO

Have someone you are in close contact with tested positive with COVID-19?............................YES   NO

Have you returned from travel outside of Canada in the past 14 days?...YES   NO

Do you live with someone who is awaiting COVID-19 test results who was:
(1) Tested due to symptoms?   YES   NO
(2) Tested due to close contact with someone who tested positive with COVID-19?

If you answered 'YES' to any of these questions, you will need to reschedule your reservation.

WAIVER OF CLAIMS and LIABILITIES RELATED TO COVID-19 and AGREEMENT

I know that skydiving is a close contact sport that may heighten the risk of exposure to COVID-19. I agree that Skydive Burnaby. has taken reasonable precautions to prevent my exposure and that no amount of care or caution by Skydive Burnaby can eliminate the risk that I may be exposed to COVID-19 or develop illness. I agree that there is no way to determine if any illness I may get is the fault of or caused by Skydive Burnaby, and I waive any claim I may make that Skydive Burnaby caused any illness I may develop. I voluntarily agree of my own free will to be at Skydive Burnaby and participate in all activities at Skydive Burnaby. I assume my risk of infection and covenant not to sue Skydive Burnaby; and if I do sure, it is a breach of this agreement which is legally enforceable.

SIGNATURE: _____