

Indus Recreation Centre
225155A RR 281A
Indus, Alberta
T1X0H7
www.indusrec.ca

Rules regarding COVID-19 Guidelines for
Dry pad or Ice Surface Rental Declarations
for the “Bow Valley Agricultural
Society/Indus Recreation Centre “



This declaration must be completed prior to visiting Indus Recreation Centre. Failure to do so prior will result in denial of access to the Indus Recreation Centre.

The Bow Valley Agricultural Society appreciates and expects your cooperation to allow us to re-open the Indus Recreation Centre. We are asking that you strictly observe our rules during COVID-19. The Bow Valley Agricultural Society is permitting use based on your assurances within this document. Any false statements could result in legal liability towards you. You agree to observe and fully abide by all rules and regulations prescribed by the Bow Valley Agricultural Society. You may be asked to leave the premises if you are not following the rules and regulations prescribed by the Bow Valley Agricultural Society. Please keep in mind Alberta Health Service(AHS) is making unscheduled visits to monitor compliance.

The virus can be transmitted by asymptomatic people. The Bow Valley Agricultural Society is following government rules and regulations but there can be no assurance that the virus will not be contracted at the Indus Recreation Centre. Please understand that you are taking part in this program or activity at your own risk. By completing and submitting this declaration you agree to the statements within:

*** Required**

User Group/Renter* _____

First Name * _____

Last Name * _____

I hereby declare that I or anyone in my household is not or has not been infected with the COVID-19 virus. _____

I hereby declare that I or anyone in my household has not experienced any cold or flu-like symptoms in the last 14 days (including, but are not limited to, FEVER, new onset of cough or worsening chronic cough, new or worsening shortness of breath or difficulty breathing, sore throat, runny nose, chills, painful swallowing, stuffy nose, headache, muscle/joint ache, feeling unwell, fatigue, severe exhaustion, nausea, vomiting, diarrhea, unexplained loss of appetite, loss of sense of smell or taste, conjunctivitis (pink eye).

If I or anyone in my household experience any cold or flu-like symptoms after submitting this declaration, I will then not visit the Indus Recreation Centre for a minimum period of 14 days after the cold or flu-like symptoms have completely gone away. This remains in effect during the entire COVID-19 pandemic unless communicated otherwise. _____

*I hereby declare that I or any member of my household have not 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 declaration, I will then not visit Indus Recreation Centre for a minimum period of 14 days after the date of return to Canada. * This remains in effect during the entire COVID-19 pandemic unless communicated otherwise. _____*

I have read and understand the Bow Valley Agricultural Society COVID-19 rules and accept and waive any right to privileges should I not comply with these rules. _____

I hereby accept the RISK OF CONTRACTING COVID-19 by choosing to attend or use the Indus Recreation Centre operated by the Bow Valley Agricultural Society. _____

I hereby accept all the new policies and guidelines, I will adhere to them and cooperate with BVA Board, Management, and Staff. I understand that failure to do so will result in removal from the facility. _____

I understand any abuse of staff will not be tolerated. _____

I hereby release the Bow Valley Agricultural Society, its Directors, Officers and Staff from all claims that I have or may have in the future for: _____

a. any loss or damage that I may suffer due to contracting COVID-19, including sickness or death, as a result of attending or using the Indus Recreation Centre and _____

b. any requests to leave the premises as imposed by the Bow Valley Agricultural Society resulting from the breach of my obligations under this “Agreement”. _____

Signature * _____

Date * MM []/DD[]/20[]

