

COVID-19 ACKNOWLEDGEMENT AND DECLARATION
Motorcycle Training Course (the "COURSE")

PLEASE SIGN AND RETURN THIS FORM TO RTI AT LEAST A DAY PRIOR TO THE START OF YOUR COURSE.

As part of the registration associated with your participation in the **COURSE** offered by the Rider Training Institute ("RTI") during the COVID-19 pandemic, including your in-person attendance in connection with the COURSE, **YOU ARE REQUIRED TO REVIEW AND SIGN THIS DOCUMENT.**

In exchange for being permitted to participate in the COURSE, I, (the "**Attendee**") or in the case of an Attendee under the age of 18, the Attendee's parent or guardian, acknowledge and agree to the following:

1. I understand the risk of contracting COVID-19 associated with participating in-person in the COURSE and freely accept such risk.

Initials _____

2. I understand and agree that it is the Attendee's responsibility to follow RTI's COVID-19 practices and procedures and meet all safety requirements in respect of his/her in-person participation in the COURSE. I understand that if at any time, the Attendee fails to follow any such practices and procedures, including failing to wear a face covering, RTI may terminate the Attendee's participation in the COURSE, without any refund

Initials _____

3. I agree to complete the COVID-19 Self-Assessment questionnaire at <https://covid-19.ontario.ca/self-assessment/> immediately prior to each in-person attendance in respect of the COURSE. I shall maintain a copy of each of the self-assessment results and provide proof to RTI, upon request.

4. I agree to IMMEDIATELY contact RTI, if the Attendee experiences any symptoms associated with COVID-19, is diagnosed with COVID-19, is designated as a potential/suspected COVID-19 case by a health practitioner or through the COVID-19 Self-Assessment questionnaire, and/or receives a positive COVID-19 test result within 14 days after attending the COURSE.

Initials _____

5. I agree that if the Attendee exhibits any COVID-19 symptoms during his/her participation in the COURSE, RTI may terminate the Attendee's participation on that occasion and require that the Attendee undergo COVID-19 testing. RTI reserves the right to permit re-attendance on being provided with proof of COVID-19 testing results and/or clearance by a medical doctor. At all times, RTI may at its discretion terminate the Attendee's participation in the COURSE, without refund.

6. By participating in-person at the Course, I hereby declare that the Attendee and other members of his/her household DO NOT fall into **any** of the following categories:

- a) Currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19;

- b) Travelled from a country outside of Canada into Canada by any means or intra-provincially, including by air travel, at any point in the past fourteen (14) days, unless the Attendee is exempt from the mandatory quarantine requirement under the *Quarantine Act* and complies with s.2.2 (2) of the *Mandatory Isolation Order* and any other relevant public health authority requirements; or
- c) Believe to be potentially exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by local public health authorities or the health care team responsible for your treatment, or are awaiting the results of a COVID-19 test.

Initials _____

By my initials above and my signature below, I acknowledge that I have read and understood this document. I confirm that this agreement shall remain in place until such time as it is revoked, in writing, by RTI.

Print Name: _____ Signature: _____

Date of Signature: _____ Witness Signature: _____

If you are under 18 years of age, a parent or guardian must sign as well, indicating their relationship to you and his or her acceptance of your participation in the COURSE and agreement to this COVID-19 Acknowledgement and Agreement.

Name of Parent/Guardian: _____ Relation: _____ Signature: _____