

Waiver for visitors to Friends House

December 2020, updated July 16, 2021

PREAMBLE

Toronto Monthly Meeting of the Religious Society of Friends (TMM) requires that this waiver and declaration be completed prior to a visitor entering Friends House at 60 Lowther Avenue, Toronto, during COVID restrictions.

Friends House is open to employees, volunteers and other visitors who need to work or visit there and choose to do so, based on the assurances that employees, volunteers and other visitors make to TMM and to each other in this document and each time they enter Friends House. Accordingly, any false statements would result in TMM being forced to deny individuals access. If any changes in your responses occur after you have submitted this waiver and declaration form, you must then inform the Manager by sending an email to manager@torontoquakers.org

The COVID-19 virus can be transmitted by asymptomatic people, and, accordingly, the statements made by employees, renters and our community contained in this document cannot provide certainty that the virus will not be transmitted. TMM has established COVID-19 protocols in order to protect renters, employees and our community. These protocols are based on the requirements and guidelines of the Province of Ontario and City of Toronto. However, there can be no assurance that the virus will not be contacted while at Friends House. This is a risk that each visitor must assess for themselves when deciding to enter Friends House.

WAIVER AND DECLARATION

1. I hereby declare that neither I nor anyone in my household has experienced any cold or flu-like symptoms (including but not limited to: fever, cough, sore throat, respiratory illness and difficulty breathing) in the last 14 days. If I or anyone in my household experience any cold or flu-like symptoms after submitting this declaration, I will then not visit Friends House for a minimum period of 14 days after the cold or flu-like symptoms have ceased.
2. I hereby declare that I will inform TMM immediately if I or anyone in my household experience any cold or flu-like symptoms or have received a positive test result for COVID-19 after submission of this COVID-19 Waiver and Declaration form.
3. I hereby declare that neither I nor any other member(s) of my household have travelled to or had a lay-over outside of Canada in the past 14 days. If I or anyone in my household travel outside of Canada after I submit this declaration, I will not visit Friends House for a minimum period of 14 days after the date of return to Canada.

4. I declare that if any changes to my answers on this form occur during the entirety of Friends House phased re-opening, I will inform TMM by sending an email to manager@torontoquakers.org

5. I confirm that I will abide by all rules and recommendations communicated in writing or verbally by TMM, its trustees, members, employees and volunteers, to protect my health and safety.

6. TMM has worked hard to do everything in its capacity to ensure the safety of Individuals who visit the House. By signing this agreement, I acknowledge the infectious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by being at Friends House and that such exposure or infection may result in personal illness, permanent disability, or death.

7. I acknowledge that the TMM has put the utmost efforts in place to ensure my safety and I agree to exercise patience with other users of Friends House and TMM employees. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any illness. I hereby release, discharge, hold harmless, and covenant not to sue TMM, its trustees, members, employees, volunteers, agents and representatives, of all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

8. By checking the box below, I confirm that I have received two COVID-19 vaccination shots. I will provide proof of this upon request.

I have received two COVID-19 vaccination shots.

Full Legal Name of Individual.

Signature of Individual

_____, _____, 20____.

Date