



**Canadian Mental
Health Association**
Kelowna

PARTICIPANT AGREEMENT

Application:

Pertains to all participants, coaches, volunteers and family members of participants while in attendance of any Canadian Mental Health Association Kelowna (CMHA Kelowna) sanctioned onsite, or offsite programs or activities.

All Participants of CMHA Kelowna agree to abide by the following points when either entering the Wellness Development Centre (WDC), located at 504 Sutherland Ave., Kelowna BC, and/or participating in WDC programs or activities under the COVID-19 Response plan and RTP

Protocol:

- I agree to symptom screening checks, and will let a staff member of the WDC know if I have experienced any of the symptoms in the last 14 days.
- I agree to stay home if feeling sick, and remain home for 14 days if experiencing COVID-19 symptoms.
- I agree to sanitize my hands upon entering and exiting the facility, with soap or sanitizer.
- I agree to sanitize any equipment/supplies or items I use throughout my time spent at either onsite or offsite for WDC programs or activities with approved cleaning products provided by the WDC (shared and personal items).
- I agree to continue to follow social distancing protocols of staying at least 2m away from others.
- I agree to not share any equipment/supplies or items during my participation.
- I agree to abide by all of the WDC's COVID-19 Policies and Guidelines
- I understand that if I do not abide by the aforementioned policies/guidelines that I may be asked to leave the WDC activity to help protect myself and others around me.
- I acknowledge that continued abuse of the policies and/or guidelines may result in temporary suspension of my participation in any WDC lead activities or programs.
- I acknowledge that there are risks associated with entering the WDC or participating in onsite or offsite WDC programs or activities and that the measures taken by the WDC and participants, including those set out above and under the COVID-19 Response Plan, will not entirely eliminate those risks.

Date: _____

Printed Name: _____

Signature: _____