



**Southern Ontario's Premier
Skydiving Facility**

Health Questionnaire – COVID-19

In order to manage the spread of COVID-19, the Government of Canada, along with the provinces and territories have put in place some new measures.

Prior to boarding this flight, you will be required to undergo a health check. This will involve answering a few simple questions to which you must answer truthfully.

Providing a false or misleading answer could result in a maximum fine of \$5,000. As a reminder, no person should board a flight when they are feeling ill as this could potentially put others at risk. Should symptoms such as a fever, cough or difficulty breathing develop while in flight, please notify the flight crew immediately.

Surname : _____ Name : _____

Address : _____

Phone Number : (____) _____

Email Address : _____

Body Temperature: _____

1. Do you have the following symptoms?

- a) Fever (>100 F) Yes No
- b) Cough Yes No
- c) Breathing difficulties Yes No
- d) New loss of taste or smell Yes No
- e) Sore throat Yes No

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2. **Have you been refused boarding in the past 14 days due to a medical reason related to COVID-19?**

Yes No

3. **Are you currently under mandatory quarantine, as a result of recent travel or by orders from the provincial, territorial or local public health authorities?**

Yes No

Signature : _____

Date : _____

WAIVER OF CLAIMS and LIABILITY 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 know that I could be exposed to COVID-19 at Skydive Burnaby and could become ill after such exposure. I agree that Skydive Burnaby has taken reasonable precautions to prevent my exposure to COVID - 19 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 any risk of infection and covenant not to sue Skydive Burnaby; and if I do sue, it is a breach of this agreement which is legally enforceable.

Signed : _____

Name : _____

Date of Birth : _____

Date : _____

This questionnaire and waiver of claims is confidential and will not be out sourced.

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