

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our students, staff, and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.

1	Have you had a positive test for COVID-19 within the last 14 days? Yes                      No <input type="checkbox"/>
2	Have you returned from any country outside Canada within the last 14 days? Yes                      No <input type="checkbox"/>
3	Have you had close contact with, or cared for someone with a respiratory illness, or someone diagnosed with COVID-19 within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Have you been in close contact with (closer than 6 feet and/or longer than 15 minutes) anyone who has traveled outside Canada within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Have you experienced any flu-like symptoms in the last 14 days?      Yes <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> <li>○ Cough</li> <li>○ Shortness of Breath/Difficulty Breathing</li> <li>○ Fever</li> <li>○ Sore throat</li> <li>○ Unexpected fatigue</li> <li>○ Chills</li> <li>○ Headache</li> <li>○ Runny nose/nasal congestion</li> <li>○ Muscle/body aches</li> <li>○ Difficulty Swallowing</li> <li>○ Disorders of taste or sense of smell</li> <li>○ Nausea/vomiting/diarrhea</li> </ul>

If the answer is "yes" to any of the questions, for everyone's safety, you will be required to reschedule your class for another date. You are also advised to follow up with your doctor.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note: if you plan to be onsite for consecutive days, please immediately advise your instructor if any of your responses change. The information collected on this form will be used to determine your access right to the program.

### **DISCLAIMER FOR EVENT CANCELLATION**

SMART Adventure Programs shall be subject to force majeure, including but not limited to acts of God, fire, flood, natural disaster, war or threat of war, acts or threats of terrorism, civil disorder, unauthorized strikes, governmental regulation or advisory, recognized health threats as determined by the World Health Organization (WHO), the centers for Disease Control, or local government authority or health agencies (including but not limited to the health threats of COVID-19, H1N1, or similar infectious diseases) or similar occurrence beyond the control of Canadian Motorcycle Training Services Inc. (CMTS), where any of those factors, circumstances, situations, or conditions or similar ones prevent, where any of them make it illegal, impossible, inadvisable or commercially impracticable to hold the Event .

CMTS reserves the right to cancel or change the events at its discretion in case of force majeure described above, and will not assume responsibility for any claims, losses, cost or expenses arising from those cancellations or changes.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Participant's signature (to be signed by Participants 18 years of age or older)