

# Canadian Institute for Non-Destructive Evaluation COVID-19

## **Background:**

To help reduce the spread of Covid-19, the Canadian Institute for Non-Destructive Evaluation (“CINDE”) will ensure that any course, workshop or exam it offers (“Course”) is delivered in accordance with all applicable guidelines and recommendations of public health authorities.

In particular, safety protocols will include:

- symptom screening for each student before commencement of a Course via this form;
- sanitization of all testing equipment regularly and between different users;
- requiring students and staff to wear a protective mask;
- encouraging social distancing of a minimum of 2 metres between students and staff;
- encouraging the practice of hand hygiene often during a Course;
- requiring students, who at any time during their attendance at a Course display any symptoms that appear to be Covid-19 related, to cease to participate in the Course, in which case all course fees will be credited towards a future Course.

## **PLEASE READ CAREFULLY!**

***In completing the below, please refer to the attached Ministry of Health COVID-19 Reference Document for Symptoms.***

## **COVID-19 Acknowledgement, Waiver and Indemnification:**

I, \_\_\_\_\_(Print full name), being (i) a minimum of eighteen (18) years of age; and (ii) the student registered to attend a Course, in consideration of CINDE permitting me to participate in the Course:

- (a) confirm that at the time of signing this Covid-19 Acknowledgement, Waiver and Indemnification I am not experiencing, and have not experienced in the past fourteen (14) days, any Covid-19 symptoms; and
- (b) acknowledge, understand and agree:
  - (i) to comply with all safety protocols put in place by CINDE during the Course;

- (ii) to immediately advise CINDE staff should I experience any Covid-19 symptoms;
- (iii) that I will no longer be permitted to continue to participate in the Course should I experience any Covid-19 symptoms, subject to my fees being credited toward a future Course; and
- (iv) that CINDE may use my contact information for the purpose of contact tracing by public health authorities should others in the Course I have attended test positive for Covid-19.

Notwithstanding the safety protocols to be taken outlined above to reduce the spread of Covid-19, I further acknowledge and understand that Covid-19 is an existing virus present in the general population and my participation in the Course may put me, and anyone in close contact with me, at elevated risk of being exposed to Covid-19, which can lead to severe illness, including death (the "Harms") and I:

- (a) freely and willingly accept and assume the risk of and responsibility for any and all Harms whatsoever arising in connection with my participation in the Course;
- (b) along with my heirs, next of kin, heirs, executors, administrators and assigns, or any other person who may claim on my behalf, agree to waive all claims that I have or may have in the future against CINDE, its directors, officers, employees, subcontractor, volunteers and/or agents (collectively the "**Releasees**") and release and forever discharge the Releasees from all liability for any Harms, or other loss and liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in the Course;
- (c) except as otherwise set out herein, agree to indemnify the Releasees for any and all actions, suits, claims and demands which may be brought against or made upon CINDE and all loss, costs, damages, charges and expenses whatsoever which may be incurred, sustained or paid by CINDE as a result of my participation in the Course; and
- (d) further agree not to make any claims or take any proceedings against any person or corporation who or which might claim contribution and indemnity or relief from the Releasees.

I confirm that I have had sufficient time to read and understand each item and all parts in this Acknowledgement, Waiver and Indemnification, and have agreed to be bound by its terms freely and voluntarily this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

Signature: \_\_\_\_\_

Witness signature \_\_\_\_\_