COVID-19 CAO Member Attestation of Member current health condition and actions at CAO

\*\*Signature Required Prior to Every Scheduled Booking\*\*

The Toronto Centre of The Royal Astronomical Society of Canada ("RASC-TC") is monitoring the novel coronavirus ("COVID-19") outbreak and prioritizes members' safety. Information, guidelines and directives are changing. Our policies will be adapted as needed.

Any individual with a confirmed or presumed COVID-19 infection, or who has had potential exposure to any individual with COVID-19, must avoid coming to the RASC-TC's E.C. Carr Astronomical Observatory (the "CAO") until the individual has been symptom-free for at least 2 weeks.

It is important that you are honest during your screening. If an infected person comes to the site (even without symptoms) the result could be very serious. So, we are relying on the goodwill and honesty of all of our members.

## Attestation of member:

## I attest to the following:

- I am not experiencing any symptom of illness such as a new cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- I have not traveled outside of Canada within the last 14 days.
- I do not believe I have been exposed to someone with a suspected or confirmed case of the Coronavirus/COVID-19.
- I either (i) have not been diagnosed by local public health authorities or a physician with Coronavirus/Covid-19, or (ii) have been diagnosed with Coronavirus/Covid-19, but I have been cleared as being non-contagious by local public health authorities or a physician.
- I am following all Health Canada recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I acknowledge that I will be or have been pre-screened for COVID-19 when booking my stay at the CAO. I have been and will be truthful in answering all screening questions. I understand that it is my obligation to inform the RASC-TC if I am not feeling well or have been in contact with an individual known to have or suspected of having COVID-19. I understand that should I screen or test positive for COVID-19, exhibit any symptoms suggestive of COVID-19 (even in the absence of a positive COVID-19 test), am suspected of having COVID-19, be directly exposed to COVID-19 or be diagnosed with COVID-19, the RASC-TC is entitled to cancel my booking for the CAO. I agree that that when traveling to and visiting the CAO I will take precautions to remain physically distanced in order to minimize the risk of infection to myself and others.

I will inform the Centre if I am tested for, or have symptoms of, COVID-19 within 2 weeks following my booking, and I will disclose the results of any such test and the particulars of any such symptoms.

I understand that the RASC-TC is attempting to limit the risk of spreading COVID-19 at the CAO. I acknowledge that despite these efforts it is still possible that I could become infected with COVID-19 during my travel to and from, or while at, the CAO. I hereby waive any claims that I might in future have against the RASC-TC (and also its councillors, officers, members and volunteers – together,

"Indemnitees"), and further agree to hold all Indemnitees harmless in the event that I am infected with COVID-19 or other virus.

I and agree to comply with the following while I am at the CAO:

- I will wear a mask when I am in within two metres of any other person.
- I will maintain a safe physical distance from others while at the CAO.
- I will clean and disinfect as required by the RASC-TC.

I agree that my failure to comply with any of my obligations under this Member Attestation and Waiver may result in (i) the cancellation of my booking, (ii) being removed from the CAO, and (iii) being barred from the CAO for such period as the RASC-TC may in its sole discretion determine. I also understand that it may be necessary to cancel my booking based on the Centre's need to comply with guidance issued by federal, provincial, or local authorities and professional medical organizations.

By signing below, I wish to proceed with my booking, in agreement with the terms above.

First Name
Last Name
Date Today's date
Date of visit to the CAO:
Signature: