



## PRIVATE PARK RENTALS

PROGRAM INFORMATION	
<ul style="list-style-type: none"> <li>Unique opportunities for business owners &amp; instructors to bring their services to a natural park setting</li> </ul>	
<b>PARTICIPANTS</b>	<ul style="list-style-type: none"> <li>Maximum group size will be determined by government &amp; health regulations</li> <li>8:1 child to adult ratio for programs that include children</li> <li>Washroom use will be restricted to urgent needs only; cleaning will take place after every session</li> </ul>
<b>HOURS &amp; SCHEDULING</b>	<ul style="list-style-type: none"> <li>Regular Hours:               <ul style="list-style-type: none"> <li>Monday to Friday – 9:30 am to 3:00 pm</li> </ul> </li> <li>Your family/group get to choose:               <ul style="list-style-type: none"> <li>Length of program: minimum 1 hour up to a maximum of 5 hours</li> <li>How often: once, daily, weekly, 3-4 times throughout summer, etc.</li> </ul> </li> <li>Time requests outside of regular hours will be considered</li> <li>Scheduling will occur on an on-going basis</li> <li>Refer to our Dogwood Acres Nature Park Calendar to determine availability</li> </ul>
<b>FEES</b>	<ul style="list-style-type: none"> <li>\$50 per hour per group</li> </ul>
PROGRAM CHOICES	
Instructional Classes	Such as: yoga, art classes
Photography Sessions	Such as: family photos, special occasion photos
Additional Requests will be considered	
PAYMENT INFORMATION	
<ul style="list-style-type: none"> <li>To Register the Main Contact person should:               <ul style="list-style-type: none"> <li>Submit:                   <ul style="list-style-type: none"> <li>Registration Form – 1 per group (a second if space requires)                       <ul style="list-style-type: none"> <li>Additional Registration Forms must be submitted for each rental date unless participants are the same for all dates</li> </ul> </li> <li>Consent Form – 1 per family</li> </ul> </li> <li>Payment is due at time of registration and can be made by:                   <ul style="list-style-type: none"> <li>E-transfer to <a href="mailto:lisagraves@crossleyaquatics.com">lisagraves@crossleyaquatics.com</a></li> <li>Cheque made payable to Crossley Aquatics Ltd.</li> <li>Cash &amp; cheque payments are not preferred at this time</li> </ul> </li> <li>Registration will be confirmed by email once Forms and Payment have been received</li> </ul> </li> <li>Cancellation Policy:               <ul style="list-style-type: none"> <li>Park Cancellation due to inclement/severe weather: credit issued for future visit</li> <li>Participant Cancellation: (\$10 cancellation fee will apply)</li> </ul> </li> <li>Participant Cancellation: (\$10 cancellation fee will be applied to full refunds)               <ul style="list-style-type: none"> <li>48 hours prior to your session: a full refund will issued</li> <li>Less than 48 hours prior to your visit:                   <ul style="list-style-type: none"> <li>Full refund will be issued if the session can be filled</li> <li>50% refund will be issued if the space cannot be filled</li> </ul> </li> <li>Refunds will be considered for health related cancellations</li> </ul> </li> </ul>	



## SELF-SCREENING HEALTH FORM

### PARTICIPANT HEALTH INFORMATION

For each participant, please indicate the following information on the Participant Roster

#### Health Conditions:

- Health condition facilitator should be aware of
- Medications required to treat health condition (For example: asthma requires inhaler)

#### Self Screen Status:

- PASS - check off all boxes
- NO Pass - must plan to pass prior to session

### SELF-SCREEN CHECKLIST

Each participant **MUST** Self-Screen by agreeing to the statements below when registering as well as answer Onsite Screening questions upon arrival. Review the questions below & indicate your status on the Participant Roster:

- I have not have travelled outside of Canada in the 14 days prior to my session
- I have not been in close contact with someone who tested positive for COVID-19 in the last 14 days
- I am not in close contact with a person who is sick with new respiratory symptoms or who recently travelled outside Canada
- I do not have a fever (temperature  $\geq 37.8$  °C or 100°F)
- I do not have any of the following symptoms:
  - Chills
  - New or worsening cough (dry or productive)
  - Barking cough (croup)
  - Shortness of breath/difficulty breathing
  - Sore throat
  - Difficulty swallowing
  - Loss of taste or smell
  - Pink eye (conjunctivitis)
  - Headache that is unusual or long-lasting
  - Runny or stuffy nose (not related to seasonal allergies or other known causes or conditions)
  - Nausea/vomiting/diarrhea/abdominal pain
  - Muscle aches
  - Unexplained fatigue/malaise
  - Falling more than usual
  - Other \_\_\_\_\_
- If I do have any of the above symptoms, they are typical for me (i.e. history of allergies, migraines, other known medical condition that usually causes these symptoms)



### PRIVATE PARK RENTALS: REGISTRATION FORM

GROUP INFORMATION				
Main Contact Name:		Main Phone:		
Main Email:				
Street:		City:	Postal Code:	
Alternate Contact Name:		Alternate Phone:		
Alternate Email:				
PURPOSE OF RENTAL	PREFERRED PROGRAM DATE (S)	PREFERRED START TIME	PREFERRED END TIME	APPROX. # OF PARTICIPANTS

PARTICIPANT ROSTER						
<b>Adults (18+ years of age) including Main Contact/Instructor</b>						
	Name (Last, First)	Phone #	Health/Medical Concerns	Self Screen complete	Consent submitted	Onsite Screen complete
1				<input type="checkbox"/>	<input type="checkbox"/>	
2				<input type="checkbox"/>	<input type="checkbox"/>	
3				<input type="checkbox"/>	<input type="checkbox"/>	
4				<input type="checkbox"/>	<input type="checkbox"/>	
5				<input type="checkbox"/>	<input type="checkbox"/>	
6				<input type="checkbox"/>	<input type="checkbox"/>	
7				<input type="checkbox"/>	<input type="checkbox"/>	
8				<input type="checkbox"/>	<input type="checkbox"/>	
9				<input type="checkbox"/>	<input type="checkbox"/>	
10				<input type="checkbox"/>	<input type="checkbox"/>	
<b>Children (0 – 17 years of age)</b>						
	Name (Last, First)	Age	Health/Medical Concerns	Self Screen complete	Consent submitted	Onsite Screen complete
1				<input type="checkbox"/>	<input type="checkbox"/>	
2				<input type="checkbox"/>	<input type="checkbox"/>	
3				<input type="checkbox"/>	<input type="checkbox"/>	
4				<input type="checkbox"/>	<input type="checkbox"/>	
5				<input type="checkbox"/>	<input type="checkbox"/>	
6				<input type="checkbox"/>	<input type="checkbox"/>	
7				<input type="checkbox"/>	<input type="checkbox"/>	
8				<input type="checkbox"/>	<input type="checkbox"/>	
9				<input type="checkbox"/>	<input type="checkbox"/>	
10				<input type="checkbox"/>	<input type="checkbox"/>	



**PARTICIPANT CONSENT FOR DOGWOOD ACRES NATURE PARK; ONLINE CAMP SESSIONS;  
 & AQUATICS PROGRAMS OF CROSSLEY AQUATICS LTD.  
 (hereinafter called the "Program")**

In consideration for participating in the Program and related events, I, the undersigned understand and agree on behalf of myself, my heirs, personal representatives, executors, next of kin, my successors and assigns that the execution of this agreement by me constitutes:

1. An Unqualified Assumption of All Risks associated with the Program.
2. A Full and Final release and waiver of liability of the Program, including without limiting the generality of the foregoing, CROSSLEY AQUATICS LTD. its officers, directors, agents, employees, other participants, advertisers, owners and/or lessors of the premises on which the Program takes place (collectively called the "Releasees" and individually the "Releasee") from any and all injuries, losses, damages, losses to personal property, claims and liabilities arising out of my participation in the Program.
3. An acknowledgement that I am unable to sue the Releasees for any loss, injury, costs, damages however caused or arising out of my participation in the Program, whether directly or indirectly. Such acknowledgement constitutes a complete defence to any claim I may advance against the Releasees in the future and shall be a bar to such claim.
4. My Indemnity to the Releasees to hold and save harmless, the Releasees or any of them from any litigation expense, legal fees, liabilities, damages, award, order, judgment, costs or proceedings of any form or type whatsoever which may arise out of participation in the Program.
5. A representation and warranty to the Releasees that I am healthy, fit and able to participate in the Program and there is no pre-existing health condition which would cause or contribute to any injury or prevent me from participating in the Program.

I have read and understand the above provisions and they are true and accurate in all respects. I acknowledge that the Releasees are relying upon the above assumptions, release and waiver, acknowledgements, indemnities and representations and warranties for my participation in the Program.

	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5
Participants Name (Printed)					
Participants Signature					
Witness Signature				Date:	
<b>FOR PARTICIPANTS UNDER AGE 18 AT TIME OF REGISTRATION</b>					
This is to certify that I, as parent/guardian, with legal responsibility for this participant, do consent and agree to his/her release as provided above, all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.					
Parent/Guardian Signature				Date:	
Witness				Emergency Phone #:	

**ACKNOWLEDGEMENT AND CONSENT OF PARTICIPANT IN DOGWOOD ACRES NATURE PARK; ONLINE CAMP SESSIONS;  
 & AQUATICS PROGRAMS OF CROSSLEY AQUATICS LTD.  
 (hereinafter called the "Program")**

1. I confirm that I have read the Program Policy Brochure, understand its contents and agree to be bound by all the terms set out therein.
2. I accept that there is a risk of injury from participating in the activities in the Program. By following the rules and policies of the Program, use of proper protective equipment and exercising good personal judgment, the risk of injury may be reduced.
3. I agree to comply with the customary terms, practices and conditions of participating in the Program. I will not undertake or participate in any conduct during my participation in the Program, which could constitute a significant risk of injury. I will immediately report to my instructor, counselor, Program director or Program management any conduct, which constitutes a significant risk of injury.
4. I consent Crossley Aquatics Ltd. using any photographs taken while participating in the Program including publications in written materials and promotional materials, in house displays, website and internet without prior approval by the undersigned.
5. I consent to Crossley Aquatics Ltd. sending correspondence to me via emails regarding but not limited to registration, programs, upcoming events, etc.

	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5
Participants Signature					
<b>FOR PARTICIPANTS UNDER AGE 18 AT TIME OF REGISTRATION</b>					
Parent/Guardian Signature				Date:	
Witness				Emergency Phone #:	