



In-Person Classroom Training

COVID-19 Self-Screening Disclosure Questionnaire and Liability Waiver

Date of Course: _____

Location of Course: _____

Course Name: _____

Please read this document (“Waiver”) carefully as it affects your legal rights. By signing below, you acknowledge, agree and represent that you have carefully read and fully understand the Waiver and agree to its terms and will not hold ESA responsible if you contract the Coronavirus disease (COVID-19) and the transmission is traced back to your attendance at in-person classroom training.

- I am currently not experiencing symptoms of COVID-19 nor have I had symptoms of COVID-19 in the last 14 days. [Click here for a list of COVID-19 symptoms.](#)
- I have not been in close contact with anyone experiencing symptoms of COVID-19 in the last 14 days.
- I have not travelled outside of Canada or in an area under a Government of Canada health advisory in the last 14 days.
- I have not been in close contact with anyone that has travelled outside of Canada or in an area under a Government of Canada health advisory in the last 14 days.
- I have not been advised by any Public Health official or a doctor to self-isolate due to possible exposure to COVID-19 in the last 14 days.
- I agree to advise ESA immediately if I experience symptoms or believe I have been exposed to anyone experiencing symptoms or who has tested positive to COVID-19 at any time prior to the beginning of the training session.
- I agree to advise my Trainer if at any time during the training session I begin to experience symptoms or believe I have been exposed to anyone experiencing symptoms or who has tested positive to COVID-19.

I acknowledge the contagious nature of the COVID-19 virus and that public health authorities recommend the practice of physical distancing.

I understand that regardless of the efforts to sanitize and provide physical distancing measures there is a risk of exposure to the COVID-19 virus by attending in-person classroom training.

I acknowledge that ESA cannot guarantee that I will not become infected with COVID-19 while attending in-person classroom training.

I agree to advise ESA if I receive a positive COVID-19 test result within 14 days of attending in-person classroom training.

I acknowledge that if prior to, or during the training session, I begin to experience symptoms of COVID-19, or believe that I have been exposed to someone experiencing symptoms of COVID-19, I will not be able to attend the in-person classroom training and will reschedule for a future date. I acknowledge that I may only be re-admitted into the course with evidence of a negative COVID-19 test.

I acknowledge receiving the below instructions and requirements for attending in-person classroom training.

Course Attendees must:

1. Complete and submit the ESA Self-Screening Disclosure Questionnaire and Liability Waiver 7-14 days before the scheduled course delivery date.
2. Bring a face mask/face covering and wear it in accordance with local by-laws.
3. Maintain physical distancing.
4. Limit personal items brought into the classroom.
5. Sanitize all personal items brought into the classroom (i.e. laptop, cellular phone, coffee cup, personal water bottle, pen/pencil, stationery, course materials, etc.). Sanitizing wipes will be provided.
6. Limit food brought into the classroom. Closed/sealed packaging is recommended.
7. Comply with venue protocols.

Full Legal Name:
(Please Print Clearly)

Signature:

Date:

This document must be completed and emailed to ESA at training.contactus@electricalsafety.on.ca at least ~~14~~ 7 ~~days~~ before the course delivery date otherwise admittance to the course may be denied.

Course Attendees are encouraged to access the Government of Ontario's official website ontario.ca for current COVID-19 information.