<div align="center">

**The North Island Survivors' Healing Society**
*Trauma and Abuse Counselling Centre*

**Guidelines for participation in yoga class**

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**Name:**_____

**Phone:**_____

**Email:**_____

**Would you like to hear about other yoga classes in the future by email?**
**Yes/No_____**

**Emergency**
**Contact:  Name:**_____**Phone:**_____

**I,(print name)**_____ **agree to  understand that all NISHS groups are operated with a policy of respect and confidentiality. I furthermore agree not to disclose the name(s) or personal information about any group participant to anyone outside the group. Initial here:**

**Canadian and Provincial COVID-19 Guidelines**
In 2020, the Novel Coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, the Government of Canada and the Province of British Columbia Ministry of Health have recommended social distancing and have limited the number of people allowed to gather in groups. The North Island Survivors Healing Society follows all current safety guidelines as set by these organizations to ensure that all participants remain healthy and to prevent the spread of the Coronavirus.

**COVID-19 Procedures and Best Practices for Attendance at North Island Survivors Healing Society Trauma Informed Yoga Classes**
I understand that to participate in classes, I may be subject to the following procedures to practice yoga in the studio space:
- Social distancing upon entering the studio, using designated markers to ensure I am six   feet away from others
- Proper hand washing hygiene and use of hand sanitizer as needed
- Covering of coughing and or sneezing
- Not being of ill health or currently feeling sick
- Being asked to leave if I have a fever
-  Adhering to the provincial mandate or mandate of the Government of Canada

At this time, not all symptoms of COVID-19 are known to health experts so we urge you to monitor your health for known symptoms of this virus. Please do not attend your Yoga class if you feel ill or have any flu like symptoms such as:
- Cough

- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Please refrain from attending yoga classes if you have travelled outside of Canada within the last 14 days or if you have had contact with someone who has been out of the country or has shown signs of said symptoms.

**The North Island Survivors' Healing Society COVID-19 Release of Liability**
I understand that the risk that I may become exposed to or infected by COVID-19 is my sole responsibility and North Island Survivors' Healing Society waives all liability as aforementioned best practices will be followed.

I release all liability North Island Survivors' Healing Society from from the actions, omissions, or negligence of myself and others, including, but not limited to, North Island Survivors' Healing Society employees, volunteers, and participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at the studio or participation in the North Island Survivors' Healing Society services.

I understand my responsibility in staying home when ill, informing North Island Survivors' Healing Society of an expected or confirmed case of COVID-19 exposure, maintaining proper hygiene, and following the proper social distancing procedures when participating or attending North Island Survivors' Healing Society Trauma Informed Yoga classes.

**By providing my signature below, I fully acknowledge that I have read and understood the information provided to me on this form.**


Participant's Name _____     Participant's Signature_____
Witness's Name_____
Witness's Signature _____
Date: _____