

# COVID-19 INFORMED CONSENT AND ASSUMPTION OF RISK FORM (“COVID 19 PLACEMENT FORM”)

STUDENT: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_  
PROGRAM: \_\_\_\_\_ PLACEMENT DURATION: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ PLACEMENT POSITION: \_\_\_\_\_

In approving your request to participate in this on-site Placement with the Employer during the COVID-19 pandemic, your health and safety remains our top priority. As part of this process, you are asked to execute this document. Please read it carefully.

## INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT

I acknowledge that I have freely and voluntarily agreed to participate in the on-site Placement. In doing so, I understand, acknowledge, and am aware that my on-site participation in the Placement during the COVID-19 pandemic exposes me to risks that may impact, including but not limited to, my physical and psychological health (and that of my family and those that I may come into contact with during my Placement) (the “COVID-19 Risks”). Specifically, the COVID-19 Risks include without limitation:

- contracting the virus which causes COVID-19 during my participation in the Placement (at the place of my Placement, in transportation, or otherwise) which may cause serious bodily injury, including death, to me or anyone to whom I may come in contact, as well cause, directly or indirectly, property damage and/or economic losses; and
- interruptions or cessations of my Placement for any reason arising directly or indirectly or in any way connected with the COVID-19 pandemic, including the voluntary or mandated closures of my Employer during my Placement, my own decision to terminate the Placement, or the voluntary or mandated termination of the Placement by Durham College of Applied Arts and Technology (“Durham College”) which may impact my progression in my Program.

I further acknowledge that I am in the best position to assess the impact of the COVID-19 Risks on me or on others to whom I may transmit such virus, including those who may be more vulnerable to COVID-19. To the extent, I feel unsafe during my Placement, I agree to notify the College immediately.

Initials \_\_\_\_\_

I further agree that this COVID-19 Placement Form is governed by the laws of the Province of Ontario. I hereby irrevocably submit to the exclusive jurisdiction of the courts of the Province of Ontario.

By my initials above and my signature below, I therefore acknowledge that this COVID-19 Placement Form represents the entire agreement and that I am not relying on any oral, visual, or written representations or statements made by the Releasees in respect of the Placement.

I further acknowledge that I have read and understood the entirety of this document. I freely and voluntarily agree to participate on-site during my Placement and in so doing, I declare that I am assuming certain risks and waiving legal rights and remedies, including the right to commence a claim as against the Releasees.

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Student Name & Signature

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Witness Name & Signature