



# **CLIENT OR VISITOR RESPONSIBILITY DECLARATION**

## **COVID-19 Health & Safety Procedures**

**This document outlines important information regarding your responsibilities in relation to the NAIT community's response to the COVID-19 pandemic.**

**PLEASE READ CAREFULLY BEFORE SIGNING.**

I, \_\_\_\_\_ (please print full name), hereby acknowledge and agree that:

1. I have read and understood the health and safety procedures outlined at paragraph 2 below (the "**Procedures**").
2. I agree to follow all Procedures posted on the NAIT website to the best of my abilities, at all times while I am attending at NAIT. Unless otherwise specified at [www.nait.ca/relaunch](http://www.nait.ca/relaunch), I acknowledge that I am expected to:
  - (a) **check myself for symptoms of COVID-19 every day** before I enter NAIT campuses or NAIT controlled facilities, using [Alberta Health Services' COVID-19 Self-Assessment](#);
  - (b) **stay home** and follow [Alberta Health Services' isolation requirements](#) if I am experiencing any symptoms of COVID-19;
  - (c) complete and submit the [check-in form](#) every day you are on campus (this will facilitate contact tracing should a member of the NAIT community be diagnosed with COVID-19);
  - (d) maintain a **physical distance of at least 2 metres** from all other members of the NAIT community at all times where possible;
  - (e) wear a face covering in publicly accessible spaces such as atriums, hallways, elevators and washrooms;
  - (f) wear a face covering in non publicly accessible spaces such as offices and outdoor NAIT controlled facilities if a physical distance of 2 meters cannot be maintained;
  - (g) wear all such **personal protective equipment (PPE)** (e.g. face masks or gloves) as NAIT may direct during classes, labs, or other learning activities on campus or NAIT controlled property;
  - (h) practice proper **hand hygiene** (e.g. washing hands often with soap and water for at least 20 seconds) and **respiratory etiquette** (e.g. coughing or sneezing into a bent elbow) while on NAIT campuses or property;

- (i) complete any **health and safety orientations or training** required by NAIT; and
  - (j) comply with all of my **other responsibilities** listed at [www.nait.ca/relaunch](http://www.nait.ca/relaunch).
3. I understand that the Procedures may change from time to time as Alberta's response to the COVID-19 pandemic evolves. I agree to check [www.nait.ca/relaunch](http://www.nait.ca/relaunch) for updates to the Procedures whenever directed to do so by NAIT.
4. I acknowledge that I have been encouraged to download and use Alberta's voluntary contact tracing app, [ABTraceTogether](#).
5. I understand that, if I have any questions about my responsibilities regarding the Procedures, I can ask my NAIT contact.
6. I consent to NAIT's collection, use, and disclosure of my contact information to health authorities, for the purpose of assisting in contact tracing and other health and safety measures in the event of any potential exposures to COVID-19. I understand that this personal information is collected pursuant to section 33(c) of the Alberta *Freedom of Information and Protection of Privacy Act*, and that I can contact General Counsel Services at [legal@nait.ca](mailto:legal@nait.ca) if I have any questions regarding NAIT's collection, use, and disclosure of this information.
7. I understand that the Procedures are intended to help protect my health and safety, and the health and safety of other members of the NAIT community. I understand that my failure to follow the Procedures could result in serious harm to myself or others. **As a result, I understand that my failure to follow the Procedures may result in** me being asked not to attend NAIT campus or NAIT controlled property until I am able to abide by the Procedures. NAIT's policies, procedures and normal processes will be followed in regards to looking into instances of non-compliance. I also understand that I may be fined or be subject to enforcement measures by public health official enforcement officials if I violate any public health order or any other legal requirement regarding public health and safety while I am attending at NAIT.

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**Signature of client or visitor**

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**Date**