



COVID-19 Addendum to Village of Warfield Facility Use Agreement

The Village of Warfield responded to the direction from our public health officials to first close our facilities and cease offering services, and we are now responding to the direction to reopen our facilities and offer services to our community cautiously, with the safety of our staff and community being our priority. This includes permitting user groups access to our facilities, but solely on the basis that COVID-19 precautions will be adhered to by any and all user groups and individual participants.

As the representative of a user group, you are required to read and confirm that you adhere to:

- 1) Social Distancing – 2 Meters (6 ft.) apart
- 2) Maximum Capacity – 50 people
- 3) It is vital that no person who feels sick in any way visit Warfield Community Hall and/or Village Square Park. It is also vital that no person brings a child who feels unwell or is showing any symptoms of illness.

You are required to circulate this Addendum to the participants in the activity for which you are utilizing our Warfield Community Hall and/or Village Square Park. Failure to adhere to the same could result in your Rental Agreement being revoked without refund of any fees and/or any particular person being banned from access to our facilities.

It is vital that any person who believes that they may have become ill or their child may have become ill within 14 days of visiting Warfield Community Hall and/or Village Square Park report this immediately to us by contacting Village of Warfield @ 250-368-8202 and seek appropriate medical attention by first calling 8-1-1. We will share personal information for the purposes of contact tracing if the need arises. To attend Village of Warfield Community Hall and/or Village Square Park, all persons taking part in your activities must consent to the same.

I have read, understand and agree to this Addendum to Facility Use Agreement.	INITIAL HERE
I have reviewed this Addendum to Facility Use Agreement with all participants	INITIAL HERE

Print Name

Date

Signature

Cellular Phone Number