

Provide a description of the Quarantine Plan for the Student.

Covering

- The transportation details from the student’s arrival to the quarantine location (direct, private, and pre-arranged);
- That the student will not leave the quarantine location for a period of 14 days after arriving;
- That the student will not allow anyone else to enter the quarantine location during those 14 days;
- Arrangements for how food and supplies is to be delivered;
- Student agrees to contact Student Services representative immediately if there are any concerns, they feel ill, etc;
- Details surrounding transportation upon the end of the 14-day quarantine.

I, _____, the undersigned Student (“Student”), and

I, _____, the Parent/Legal Guardian of the above-named Student,

give permission for the Student to be quarantined upon arrival in Canada according to Quarantine Plan stated herein, and expressly agree that quarantine of the Student according to the Quarantine Plan shall be undertaken at the Student’s sole risk, including but not limited to the risk of contracting COVID-19, injury, and death.

I agree: _____ (Initials of Student)

I agree: _____ (Initials of Parent or Legal Guardian)

I have read and agree to abide by the VAB Covid-19 Handbook and the VAB Safe Travel and Quarantine Protocol document.

I agree: _____ (Initials of Student)

I agree: _____ (Initials of Parent or Legal Guardian)

I agree that if the Student develops any symptoms or tests positive for COVID-19 at any time during quarantine or the VAB Program, the Student must provide a letter from a medical professional confirming that he/she has fully recovered before the Student may leave quarantine and return to the VAB Program or Homestay Program.

I agree: _____ (Initials of Student)

I agree: _____ (Initials of Parent or Legal Guardian)

In consideration of the Student being permitted to be quarantined according to the Quarantine Plan stated herein, I, for myself, my heirs, executors, administrators, successors, assigns and anyone else who may claim on my behalf, and anyone claiming on the Student’s behalf, agree as follows:

1. to hereby forever waive, release any and all claims, demands, damages, costs, expenses, actions, and causes of action whether in law or equity that I may now or in the future have against VAB, its directors, officers, employees, consultants, volunteers, agents, partners, Host Families, and all persons acting under its authority and their respective heirs, executors, administrators, successors and assigns arising by any means whatsoever, including, but not limited to the Student’s death, injury, damages to or loss to person or property of any kind whatsoever, arising from or in connection with the Quarantine Plan stated herein; and
2. to indemnify and hold harmless VAB, its directors, officers, employees, consultants, volunteers, agents, partners, Host Families, and all persons acting under its authority and their respective heirs, executors, administrators, successors and assigns, from any and all claims, demand, losses, causes of action, damage, lawsuits, judgments, including the full amount of all legal fees, and costs arising out of or relating to quarantine of the Student according to the Quarantine Plan stated herein.

I agree: _____ (Initials of Student)

I agree: _____ (Initials of Parent or Legal Guardian)

I understand that this Agreement between VAB and the Student and Parent or Legal Guardian will be interpreted in accordance with laws in the province of BC. Any disagreement, which results in mediation, arbitration and/or litigation to interpret this Agreement, will be conducted in BC, Canada.

I agree: _____ (Initials of Student)

I agree: _____ (Initials of Parent or Legal Guardian)

Signature of Student

If the student is under the age of 19, I represent that I am a parent (guardian) of the Student who has initialized and signed this Agreement and I hereby agree that we shall both be bound thereby. If the Student is at least 19 years old and fully independent, he/she may sign below in place of a parent (guardian).

Signature of Parent or Legal Guardian

Signature of Witness

Full Name of Witness

Date Signed