



201 INDIAN FLATS RD • PO BOX 8040 STN MAIN • CANMORE AB • T1W 2T8 • CANADA
PHONE 403 678 3200 • FAX 403 678 3224

DECLARATION OF HEALTH

To: Alpine Club of Canada (the “ACC”)
Name: _____ (the “Participant”)
Name of Program: _____ (the “Program”)

I, the Participant, do hereby confirm to ACC that:

1. I have not travelled internationally with in the last 14 days;
2. I have not felt or shown symptoms of COVID-19 (including but not limited to cough, fever, shortness of breath, runny nose, or sore throat) that are not related to a pre-existing illness or health condition; and
3. I agree to comply with all health-related rules, procedures and regulations set by the ACC or any ACC staff or guides before, during and after the Program.

Dated this ____ day of _____, 2020.

Signature _____