

Assumption of Risk Relating to COVID-19

BACKGROUND:

The British Columbia College of Nursing Professionals (“**BCCNM**”) administers the Objective Structured Clinical Examination (“**OSCE**”). BCCNM offers the OSCE for individuals seeking to practice as a Nurse Practitioner in BC.

The novel coronavirus COVID-19 is extremely contagious. The virus that causes COVID-19 spreads in several ways, including through droplets when a person coughs or sneezes, or from touching a contaminated surface before touching the face. The gathering of people in close contact with one another can promote the transmission of COVID-19.

BCCNM has put in place preventative measures to reduce the spread of COVID-19 at the locations where it administers the OSCE, which include, but are not limited to, adherence to the orders issued by B.C.’s Provincial Health Officer and compliance with WorkSafeBC’s COVID-19 Guidelines. Nevertheless, BCCNM cannot guarantee that you will not become infected with COVID-19 as a result of participating in the OSCE.

1. I acknowledge the extremely contagious nature of COVID-19.
2. I voluntarily, knowingly, and freely assume the risk that I may be exposed to or infected by COVID-19 by attending the OSCE and that such exposure or infection may result in personal injury, illness, permanent disability, or death.
3. I understand that the risk of becoming exposed to or infected by COVID-19 at the OSCE may result from the actions, omissions, or negligence of myself and others.
4. I agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself including, but not limited to, personal injury, illness, disability, death, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at the OSCE.
5. I acknowledge and agree that the laws of British Columbia and the laws of Canada applicable in British Columbia will be deemed to be the proper law of this Agreement and all proceedings arising out of or related to it, and I submit to the exclusive jurisdiction of the British Columbia courts.
6. I expressly agree that the invalidity or unenforceability of any provision of this Agreement will not affect any other provision, and the remaining provisions will continue in full force and effect.

7. By signing this Agreement, I represent that I have read it carefully before signing it. I represent that I am not subject to any legal disability that prevents me from entering into legally binding agreements. I consent to be bound by the terms and conditions of this Agreement, and I understand and accept without reservation the obligations that it imposes on me.

Your signature

BCCNM representative's signature

Print your name

Print BCCNM representative's name

Date signed

Date signed