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The City of Brampton values diversity and inclusiveness, and recognizes that enhancing access to goods and services provides increased opportunities for people of all ages and abilities. We are committed to offering an accessible, safe, and barrier-free experience for all. Any information received relating to accommodation will be addressed confidentially. The personal information on this form is collected pursuant to the [Municipal Act, 2001, S.O. 2001, c. 25](#) for the purpose of communicating with requestors regarding the status of their requests, and for statistical purposes to ensure program efficiency. Review the City's [Privacy Statement](#) for more information. For questions about the collection of personal information or accessibility, or to request accommodation, contact [rentaladmin@brampton.ca](mailto:rentaladmin@brampton.ca) or 905.874.2844.

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There is currently an inherent risk of exposure to COVID-19 in any public place where people are present. COVID-19 and its variants are extremely contagious diseases that can lead to severe illness and death, especially to senior citizens and individuals with underlying medical conditions. Participants must comply with all posted City instructions, and understand and assume all risks related to exposure to COVID-19.

Due to the nature of COVID-19 restrictions, this information is subject to change without notice.

This information is required for safety in facilities, and is not a condition of employment, nor should it be considered employment-related materials.

'Participant' includes all individuals at the facility as part of an event team (staff, volunteers, performers, crew), and excludes City of Brampton Performing Arts staff and volunteers, as well as patrons of events taking place at Performing Arts venues.

### INSTRUCTIONS

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**All participants who will be entering a City of Brampton Performing Arts facility (The Rose, LBP, Cyril Clark, Garden Square) must complete and submit this form in advance. Rental clients may complete and submit one (1) form for all participants in a group, as long as contact information is available for each participant.**

1. Save form to desktop before filling it out
2. Complete form on computer (save periodically while working); all fields are mandatory unless otherwise indicated.
3. Save completed application to desktop
4. Return the completed form to your City of Brampton staff contact a minimum of two (2) days prior to arrival onsite

Upon arrival outside the facility each day, City of Brampton staff will confirm negative responses to screening questions for each individual.

### PROOF OF COVID-19 VACCINATION

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Participants must provide proof of COVID-19 vaccination or medical exemption, and identification with matching name and date of birth to gain admission to City of Brampton Performing Arts facilities. The final dose of the COVID-19 vaccine must have been administered at least 14 days before providing the proof of being fully vaccinated.

This requirement will take effect October 15, 2021. After November 14, 2021, participants who are not able to provide proof of vaccination or medical exemption will be required to leave the facility immediately.

City of Brampton staff will do their best to ensure the screening process moves as quickly as possible. Please plan to arrive *at the scheduled time* to complete the necessary verification, and have proof of COVID-19 vaccination or medical exemption and matching identification ready when entering the facility. A

The following methods of proof of COVID-19 vaccination status will be accepted from participants at City of Brampton Performing Arts facilities, with one piece of personal identification with matching name and date of birth:

- **Proof of immunization vaccine receipt**, available:
  - From the [provincial booking portal](#)
  - By calling the Provincial Vaccine Booking Line at 1-833-943-3900
- **Ontario enhanced digital vaccine receipt**, available in October 2021

Proof of medical exemption will be accepted from participants at City of Brampton Performing Arts facilities, with one piece of personal identification with matching name and date of birth, and must:

- Be prepared by a physician or nurse practitioner on their letterhead with their name and business address
- State the participant is exempt from being fully vaccinated against COVID-19

Proof of a negative COVID-19 test will not be accepted as an alternative to proof of full vaccination or medical exemption, but may be required in addition to medical exemption.

Paper proof of vaccination and medical exemptions will continue to be accepted after the digital option is made available.

### CONTACT INFORMATION

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Name of primary contact most responsible for event or group: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Event name or purpose of visit: \_\_\_\_\_

Event date: \_\_\_\_\_





### ARRIVAL AT FACILITY

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Information provided in this form will be confirmed verbally with each participant by City of Brampton staff prior to entering any Performing Arts facility, at the designated entrance for the event. Each individual also must:

1. Be able to answer 'no' to all screening questions
2. Provide proof of COVID-19 vaccination or medical exemption
3. Provide matching identification with name and date of birth

Individuals who are not able to pass the screening will not be allowed to enter the facility.

### SCREENING QUESTIONS

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All individuals entering a City of Brampton Performing Arts facility (The Rose, LBP, Cyril Clark, Garden Square) will be asked the following questions upon arrival outside the facility:

- Do you currently have COVID-19, or are you awaiting COVID-19 test results?
- Are you experiencing one or more of the symptoms below that are new or worsening? Symptoms should not be chronic or related to other known causes or conditions.
  - Fever and/or chills
  - Cough or barking cough (croup)
  - Shortness of breath
  - Sore throat
  - Difficulty swallowing
  - Runny or stuffy/congested nose
  - Decrease or loss of smell or taste
  - Pink eye
  - Headache\*
  - Digestive issues like nausea/vomiting, diarrhea, stomach pain
  - Muscle aches/joint pain\*
  - Extreme tiredness\*
  - Falling down often
- Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?
  - If you are fully vaccinated\*\*, select 'No'
  - If the person got a COVID-19 vaccine in the last 48 hours and is experiencing mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, select 'No'
- In the last 14 days, have you travelled outside of Canada AND been advised to quarantine per the federal quarantine requirements?
  - If exempt from the federal quarantine requirements (for example, you are fully vaccinated and have met specific conditions, or an essential worker who crosses the Canada-US border regularly for work), select 'No'
- In the last 14 days, have you been identified as a "close contact" of someone who currently has COVID-19?
  - If you are fully vaccinated\*\* and have not been told to self-isolate by public health, select 'No'
- Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?
  - This can be because of an outbreak or close tracing.
- In the last 10 days, have you tested positive on a rapid antigen test or homebased self-testing kit?
  - If you have since tested negative on a lab-based PCR test, select 'No'

- In the last 14 days, have you received a COVID Alert exposure notification on your cellphone?
  - If you are fully vaccinated\*\*, select 'No'
  - If you already went for a test and got a negative result, select 'No'

\* Not related to getting the COVID-19 vaccine in the last 48 hours or other known causes or conditions you already have

\*\* To be considered fully vaccinated, it must have been 14 or more days since your final dose of either a two-dose or a one-dose vaccine series.

Individuals who, while onsite develop symptoms not related to a known cause or pre-existing condition must inform staff immediately, and leave the facility.

### AGREEMENT

I confirm that I have read and understood the [COVID-19 SAFETY PLAN](#) on [The Rose website](#), and shared all relevant information with participants listed on this form. I certify that the information provided on this form is true, correct and complete in every respect, to the best of my knowledge. I understand that failure to disclose information and/or misrepresentation of the requested event or requesting organization may result in the City of Brampton declining or cancelling this and/or future events. I agree to abide by all terms and conditions set forth by the City of Brampton with respect to this activity, including the collection of personal information.

\_\_\_\_\_  
Signature; type name above to sign

Date: \_\_\_\_\_

### CITY OF BRAMPTON STAFF USE ONLY

Name:	
Date:	
Notes:	