
The personal information on this form is collected under authority of the [Municipal Act, 2001, S.O. 2001, c. 25](#) to communicate with clients regarding rental administration in accordance with the City's guidelines on [Privacy Protection](#). The City of Brampton is committed to offering an accessible, safe, and comfortable experience for all. For accessibility requests and questions about the collection of personal information, contact rentaladmin@brampton.ca or 905.874.2844.

There is currently an inherent risk of exposure to COVID-19 in any public place where people are present. COVID-19 is an extremely contagious disease 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.

INSTRUCTIONS

All individuals who will be entering a City of Brampton Performing Arts facility (The Rose, LBP, Cyril Clark) 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

Any individuals whose activity extends to two (2) or more consecutive days must complete and submit this form prior to the first day onsite. Any individuals whose activity is recurring (one (1) day per week for several weeks, for example), but does not take place on consecutive days must complete and submit a form for each occurrence. Upon arrival outside the facility each day, City of Brampton staff will confirm negative responses to screening questions for each individual.

CONTACT INFORMATION

Name of primary contact most responsible for event or group: _____

Organization: _____

Phone: _____

Email: _____

Event name or purpose of visit: _____

Event date: _____

SCREENING QUESTIONS

All individuals entering a City of Brampton Performing Arts facility (The Rose, LBP, Cyril Clark) 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?
- Have you travelled outside of Canada (including the USA) in the past fourteen (14) days?
- Have you been in close contact with anyone who has travelled outside of Canada in the past fourteen (14) days?
- Have you been in close contact with anyone with a confirmed or probable case of COVID-19 in the past fourteen (14) days?
- Are you experiencing any of the following new or worsening symptoms or signs (not chronic or related to other known causes or conditions):
 - Fever or chills
 - Difficulty breathing or shortness of breath
 - Cough
 - Sore throat or trouble swallowing
 - Runny nose, stuffy nose or nasal congestion
 - Decrease or loss of smell or taste
 - Nausea, vomiting, diarrhea, abdominal pain
 - Feeling unwell, extreme tiredness or sore muscles

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:	