

Commitment to Health & Safety

Canadian School of Natural Nutrition Vancouver Island

As an Instructor, Student or as Administrative staff of CSNN Vancouver Island, I will adhere to the school policies and protocol as outlined by Canadian School of Natural Nutrition Vancouver Island to ensure the safety of myself, my colleagues, and staff of Canadian School of Natural Nutrition, Vancouver Island. I understand that to be on campus and to take part in the in-classroom classes, that I will be required to adhere to all of the public health guidelines, which may change from time to time. Also, I agree to sign this waiver that outlines my responsibilities and which holds CSNN accountable for only that which is in its control. Also, I understand that even if I start the program in the classroom, that classes may have to be switched to a live interactive online format should staff/Instructor availability, or public health guidelines and the health and safety of Staff, Instructors or students require it.

I agree to the following:

I will not come to the **CSNN Campus** if I have symptoms of a communicable disease:

- a fever or chills, and/or
- a cough, and/or
- diarrhoea

If I start to have symptoms of a communicable disease while at CSNN Campus I will advise the CSNN Administration Staff and will make necessary arrangements to go home

I will abide by the **CSNN** policy on **handwashing** and will handwash and/or sanitize my hands frequently

I will cover my **coughs and sneezes**

I will follow **mask wearing** policies which may become mandatory from time to time

I will advise the **CSNN Manager** of any health or safety concerns I may have. This will help to ensure health & safety & confidence amongst students, CSNN Instructors and staff, and myself.

I acknowledge that I know this policy is subject to change and CSNN VI will amend policies and requirements to meet the directives of the Ministry and Public Health Officials.

Before attending the campus in-person I commit to the CSNN VI Health & Safety check which includes:

Not having symptoms of a communicable disease as listed above

I am not currently required to self-isolate for a communicable disease

I have reviewed all CSNN VI and local Government policies & regulations, and these do not preclude me from attending on-campus

I acknowledge that I have read these conditions for **on-campus attendance**, and I agree that I will inform Administration staff if any of these factors change and will stay home and attend class via Zoom when I'm required to do so.

Name _____

Signature _____ Date _____