

2022 Laurentian University "Rumble on the Rock" High School Cross-Country Meet



Event Date: Tuesday, September 27th, 2022

Start Time: 2:00pm

Event Location: Laurentian University Track and Field Stadium and Trails

Meet Director/All Inquiries: Darren Jermyn djermyn@hsnsudbury.ca Cell: (705) 507-8246

Eligible Athletes: This competition is open to all athletes in Grade 7 through Grade 12. All athletes must represent and be registered by their school. All athletes must be accompanied by a school official. No Open athletes. Grade 7 & 8 athletes will compete in the Novice category with the Grade 9's.

Important Parking/Bus Information: There is NO personal vehicle or bus parking on campus during the event.

Arriving via Bus:

- Teams arriving via bus should plan to arrive at the competition site **NO EARLIER than 1:00pm**. School buses should proceed onto the Stadium Road (clockwise direction – follow the "XC Challenge" signs) for drop-off and pick-up. During the event, buses can park at the York Street South Municipal Lot (across from Bell Park) lot. There is no bus parking on campus during the event. Buses will be allowed back into the loading zone at approximately 4:00pm

Arriving via Personal Vehicles/Van/Etc:

- Teams, Spectators, School officials arriving via personal vehicles or vans will need to utilize the Free Parking and Shuttle operating from the York Street Municipal Lot (across from Bell Park). First shuttle will depart Lot at 12:00pm and run approximately every 20 minutes thereafter. Last shuttle will depart Laurentian at 4:45pm.

Entries:

- On-line entries only at: <https://tinyurl.com/2p8sd8az>
- No race day entries

Entry Fee/Payment: \$7 per athlete; School maximum of \$600. Preferred payment is via credit card on Trackie website. Teams can also pay via cheque, payable to "Laurentian University Cross-Country Running Team". Receipts will be provided.

Entry Deadline: Sunday, Sept 25th @ 12pm

Waivers (NEW!):

- Each participant must complete a signed Laurentian University COVID Waiver Form (Child or Adult) – please them attached to this package – Coaches must present all waiver forms for their school to the Registration Desk

Letter of Verification – Due Monday, Sept 26th @ 1pm (*feel free to cut and paste the example posted at tracknorth.com and email to djermyn@hsnsudbury.ca*).

- To ensure the safety of all participants, we require a single letter, on school letterhead, from each participating school acknowledging that:
 - You have collected:
 - All the necessary parental permission forms for your students to attend and are aware of any pre-existing medical conditions or participating students. A sample letter is available at www.tracknorth.com
 - You agree to follow the Bus Protocol for our event
 - If you do not email by deadline you must have printed copy of this Verification Letter at Registration Desk

Meet Schedule:

12:00pm – Bus Shuttle begins to operate from York Street Lot – across by Bell Park

1:00pm – Team Buses allowed onsite – must drop off and depart campus

1:30pm – Stadium Road gates closed

2:00pm – Novice Boys 4100m

2:01pm – Novice Girls 4100m

2:30pm – Junior Boys 5000m

2:31pm – Junior Girls 5000m

3:00pm – Senior Boys 5850m

3:01pm – Senior Girls 5850m

3:50pm – Awards / Gates Open for Team Buses

4:45pm – Last Shuttle Bus back to Bell Park

Meet Scoring:

- Athletes cannot run in more than one race
- Each age and gender race will be scored separately
- Girls' race times will be adjusted by 1 minute following meet and posted to www.tracknorth.com. Please be patient for final times to be posted.
- Aggregate team scores will then be calculated based on each school's score across all six age/gender divisions
 - Tie Breaker 1 – lowest combined MG+MB score
 - Tie Breaker 2 – lowest combined JG+JB score
 - Tie Breaker 3 – lowest combined SG+SB score

Course Maps:

- Posted at www.tracknorth.com
- Please note the courses have changed slightly from 2019

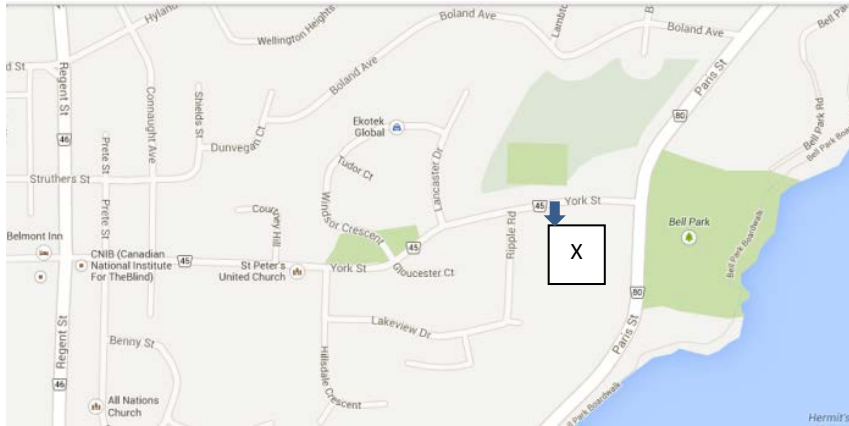
Prizes:

- T-shirts for top 3 finishers in each age/sex category

- Championship Banner (to keep) for team with best aggregate (girls + boys) score

Shuttle Bus / Team Vehicle and Bus Parking Location

Municipal Lot at Bell Park on South Side of York Street (enter off York Street)



RMST- [Date], 2020

CHILDREN PARTICIPATING IN ACTIVITIES DURING COVID-19 ~ WAIVER

TO: LAURENTIAN UNIVERSITY OF SUDBURY

WAIVER, RELEASE, ASSUMPTION OF ALL RISK, INDEMNIFICATION OF ALL CLAIMS, AND COVENANT NOT TO SUE **LAURENTIAN UNIVERSITY OF SUDBURY** (the Agreement)

WARNING: By entering into this Agreement you indicate that you understand the risks associated with the Activity(ies), and that you are aware that by allowing your child to participate in the Activity(ies) you are exposing them to the risks identified below.

PLEASE READ CAREFULLY!

CHILD'S NAME: _____

PARENT'S/GUARDIAN'S NAME: _____

PARENT'S/GUARDIAN'S ADDRESS: _____

COURSE CODE & TITLE/ACTIVITY NAME : _____

COURSE/ACTIVITY DATE: _____

The Government of **Ontario** declared a province-wide state of emergency under *The Emergency Management and Civil Protection Act* on **March 17**, 2020 to protect the health and safety of all **Ontarians** and to reduce the spread of the novel coronavirus (or **COVID-19**). **COVID-19** is easily spread by contact with droplets produced by people who have the virus.

Laurentian University of Sudbury (the **University**) has put in place measures to reduce the spread of **COVID-19**, however the University cannot guarantee that any individual attending the University Campus, using the University's facilities, or participating in activities organized by the University, whether on-campus or off-campus (including camps) (collectively, the **University Activities**) will not become infected with **COVID-19**. Further, attending the University Campus and participating in the University Activities, could increase the risk of contracting **COVID-19**.

A parent or guardian of each child participating in the University Activities, is being asked to carefully review, confirm and agree to the statements made below.

In agreeing to send my child to their University Activities, I understand that the University will not be liable for any loss, injury or death resulting from the risks outlined herein. I agree to waive my right and my child's right to sue the University for any loss, injury or death resulting from the risks outlined within this Agreement.

A. Agreement Not to Send My Child to University Activities if Symptomatic

On behalf of myself and my child, _____ (insert name of child), I certify as follows:

1. No one in my child's household(s) is experiencing any symptoms of illness, including symptoms that resemble a cold. Symptoms include, but are not limited to: cough, fever, shortness of breath or difficulty breathing, runny nose, stuffy nose, sore throat, painful swallowing, headache, chills, muscle or joint aches, feeling unwell in general, new fatigue or severe exhaustion, gastrointestinal symptoms (such as nausea, vomiting, diarrhea, or unexplained loss of appetite), loss of sense of smell or taste, or pink eye.

2. I understand that the list of symptoms noted above is constantly evolving, and I will make best efforts to monitor the most current information from the **Government of Ontario** at the following link before sending my child to their University Activities: <https://www.ontario.ca/page/covid-19-stop-spread#section-0>
3. I will check my child's temperature each day and will ensure they do not have a fever before sending my child to their University Activities.
4. My child will not attend their University Activities if anyone in my child's household(s) is sick, even if the symptoms resemble a mild cold. If anyone in my child's household(s) is sick or symptomatic, I agree to keep my child from participating in their University Activities and will inform the University by emailing covid-19@laurentian.ca.
5. I have explained to my child the risks of not conforming with the safety and hygiene protocols that have been adopted by the University, and are posted on the **Government of Ontario's** website (<https://www.ontario.ca/page/covid-19-stop-spread#section-0>) in advance of my child attending their University Activities. I have also explained to my child that they must follow these safety and hygiene protocols.

I further certify that:

1. No one in my child's household(s) has travelled internationally in the past fourteen (14) days.
2. No one in my child's household(s) believes that they have been exposed to a person with a confirmed or suspected diagnosis of **COVID-19** within the last 14 days.
3. No one in my child's household(s) has been diagnosed with **COVID-19** within the past 2 months and/or is being directed by a health care provider to self-isolate.
4. The individuals in my child's household(s) are following recommended guidelines as much as possible including, but not limited to: practicing social distancing by maintaining a separation of at least six (6) feet or two (2) metres from others who are not part of the household(s), engaging in proper handwashing, respecting inter-provincial border recommendations, and otherwise limiting their exposure to **COVID-19**.
5. If my answers to any of the above statements change prior to my child commencing their University Activities or during their University Activities, I will withdraw my child from their University Activities and inform the University by emailing covid-19@laurentian.ca.

B. Assumption of Risk

The University is attempting to limit the risk of exposure to **COVID-19** by using reasonable efforts to follow the health and safety guidelines recommended by the provincial and federal health authorities. Nevertheless, I understand that there remains a risk that my child could contract **COVID-19** by attending their University Activities. I therefore acknowledge and agree as follows:

1. I acknowledge that **COVID-19** is easily spread by contact with droplets produced by people who have the virus and I voluntarily assume the risk on behalf of my child that they may be exposed to or infected by **COVID-19** while attending their University Activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death to my child and members of my child's household(s).
2. I acknowledge that it is my responsibility to ensure my child learns and follows all health, safety and other rules established by the University. I understand that any behaviour on my child's part that places others at risk could result in immediate termination of my child's right to use the University's facilities or attend their University Activities.

C. Waiver of Liability, Release and Indemnification

In consideration of the University permitting my child to participate in their University Activities and to use the University's facilities, I

agree as follows:

1. **To waive any and all claims that I have or my child may have in the future against the University**, its members, officers, employees, students, agents, volunteers and independent contractors (collectively referred to as the **Releasees**).
2. **To release the Releasees from any and all liability** for any loss, damage, injury, illness, death or expense that I may, my child may, or that members of my child's household(s) may suffer, including the contraction of **COVID-19**, as a result of my child's participation in their University Activities, including such loss, damage, injury, illness, death or expense that is caused by the negligence, breach of contract, or breach of any statutory or other duty of care (including any duty owed under the *Occupier's Liability Act*, **RSO 1990 c O.2**, as amended) on the part of the Releasees.
3. **To hold harmless and indemnify the Releasees** from any and all liability, causes of action, claims, judgments, costs and expenses (including legal fees) that my child, a member of my child's household(s), or any third party may suffer as a result of my child's participation in their University Activities, including due to any act, omission, or negligence of the Releasees.
4. This Agreement shall be effective and binding on my heirs, next of kin, executors, administrators, assigns, and representatives in the event of my death or incapacity.

This Agreement shall be governed by and construed in accordance with the laws in force in the province of **Ontario** and the federal laws of Canada, as applicable. The courts of **Ontario** shall have exclusive jurisdiction over all claims, disputes, and actions arising out of and related to the Activities and this waiver and the parties hereby attorn to the jurisdiction of **Ontario** courts.

I acknowledge that this Agreement is valid from the date I enter into this Agreement until the end of the **Course Activity Date(s)** stated on the first page of this Agreement and governs all the University Activities in which my child participates.

I have carefully read, fully understand, have had an opportunity to consult with a lawyer, and freely and voluntarily accept the terms contained within this Agreement and **understand that I, on my own behalf and on behalf of my child, am giving up substantial rights and accepting the risk that my child may come into contact with, be exposed to, or be diagnosed with COVID-19, following their participation in their University Activities** or by using the University's facilities. I confirm that I have authority to enter into this Agreement on behalf of my child and understand that the terms contained herein are legally binding. I understand and agree that the assumption of risk contemplated herein is intended to be as broad and inclusive as possible by the applicable laws of Canada and that if any portion hereof is held invalid, that the balance shall, notwithstanding, continue in full legal force and effect.

Signed this _____ day of _____, _____.

SIGNATURE OF PARENT OR GUARDIAN

PARENT OR GUARDIAN NAME (please print)

WITNESS SIGNATURE (Non Family Member)

WITNESS NAME (please print)

WITNESS ADDRESS

WITNESS TELEPHONE #

This Agreement must be completed in full, without alteration, signed, dated and witnessed, and where indicated above paragraphs must be initialed before the child may participate in the activity(ies).

RMST-
[August],
2020

ADULT'S USE OF UNIVERSITY FACILITIES AND/OR PARTICIPATING IN
UNIVERSITY ACTIVITIES DURING COVID-19 ~ WAIVER

TO: LAURENTIAN UNIVERSITY OF SUDBURY

WAIVER, RELEASE, ASSUMPTION OF ALL RISK, INDEMNIFICATION OF ALL
CLAIMS, AND COVENANT NOT TO SUE LAURENTIAN UNIVERSITY OF SUDBURY
(the Agreement)

WARNING: By entering into this Agreement you indicate that you understand the risks associated with using University facilities, and/or participating in University Activity(ies), and that you are aware that by using University facilities and/or participating in University Activity(ies) you will be exposed to the risks identified below.

**PLEASE READ
CAREFULLY!**

NAME OF PARTICIPANT: _____

ADDRESS OF PARTICIPANT: _____

COURSE CODE & TITLE / ACTIVITY NAME : Using University Facilities and/or participating in University Activity(ies) On or Off Laurentian's Campuses

COURSE / ACTIVITY DATE: January 1, 2022 - December 31, 2022

The Government of Ontario declared a province-wide state of emergency under *The Emergency Management and Civil Protection Act* on March 17, 2020 to protect the health and safety of all Ontarians and to reduce the spread of the novel coronavirus (or COVID-19). COVID-19 is easily spread by contact with droplets produced by people who have the virus.

Laurentian University of Sudbury (the University) has put in place measures to reduce the spread of COVID-19, however the University cannot guarantee that any individual attending the University Campus, using the University's facilities, or participating in activities organized by the University, whether on-campus or off-campus (collectively, the University Activities) will not become infected with COVID-19. Further, attending the University Campus and/or participating in the University Activities, could increase the risk of contracting COVID-19.

You are being asked to carefully review, confirm and agree to the statements made below.

In agreeing to participate in University Activities or use University facilities, I understand that the University will not be liable for any loss, injury or death resulting from the risks outlined herein. I agree to waive my right to sue the University for any loss, injury or death resulting from the risks outlined within this Agreement.

A. Agreement Not to Use University Facilities or Participate in University Activities if Symptomatic

On behalf of myself, I certify as follows:

- No one in my household(s) is experiencing any symptoms of illness, including symptoms that resemble a cold. Symptoms include, but are not limited to: cough, fever, shortness of breath or difficulty breathing, runny nose, stuffy nose, sore throat, painful swallowing, headache, chills, muscle or joint aches, feeling unwell in general, new fatigue or severe exhaustion, gastrointestinal symptoms (such as nausea, vomiting, diarrhea, or unexplained loss of appetite), loss of sense of smell or taste, or pink eye.
- I understand that the list of symptoms noted above is constantly evolving, and I will make best efforts to monitor the most current information from the Government of Ontario at the following link before Using University Facilities or Participating in University Activities: <https://www.ontario.ca/page/covid-19-stop-spread#section-0>

3. I will check my temperature each day and will ensure I do not have a fever before Using University Facilities or Participating in University Activities.
4. I will not Use University Facilities or Participate in University Activities if anyone in my household(s) is sick, even if the symptoms resemble a mild cold. If anyone in my household(s) is sick or symptomatic, I agree to not Use University Facilities or Participate in University Activities **and will inform the University by emailing covid-19@laurentian.ca.**
5. I have read and understand the risks of not conforming with the safety and hygiene protocols that have been adopted by the University, and are posted on the **Government of Ontario's** website (<https://www.ontario.ca/page/covid-19-stop-spread#section-0>) in advance of Using University Facilities or Participating in University Activities. I also understand that I must follow these safety and hygiene protocols.

I further certify that:

1. No one in my household(s) has travelled internationally in the past fourteen (14) days.
2. No one in my household(s) believes that they have been exposed to a person with a confirmed or suspected diagnosis of **COVID-19** within the last 14 days.
3. No one in my household(s) has been diagnosed with **COVID-19** within the past 2 months and/or is being directed by a health care provider to self-isolate.
4. The individuals in my household(s) are following recommended guidelines as much as possible including, but not limited to: practicing social distancing by maintaining a separation of at least six (6) feet or two (2) metres from others who are not part of their household(s), engaging in proper handwashing, respecting inter-provincial travel recommendations, and otherwise limiting their exposure to **COVID-19**.
5. If my answers to any of the above statements change prior to me Using University Facilities or Participating in University Activities or during my Use of University Facilities or Participating in University Activities, I will not attend the University Campus and will withdraw from Using University Facilities or Participating in University Activities and will inform the University by emailing [NTD: University contact].

B. Assumption of Risk

The University is attempting to limit the risk of exposure to **COVID-19** by using reasonable efforts to follow the health and safety guidelines recommended by the provincial and federal health authorities. Nevertheless, I understand that there remains a risk that I could contract **COVID-19** by attending the University Campus, Using University Facilities or Participating in University Activities. I therefore acknowledge and agree as follows:

1. I acknowledge that **COVID-19** is easily spread by contact with droplets produced by people who have the virus and I voluntarily assume the risk that I may be exposed to or infected by **COVID-19** while Using University Facilities or Participating in University Activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death to **me or** members of my household(s).
2. I acknowledge that it is my responsibility to ensure I learn and follow all health, safety and other rules established by the University. I understand that any behaviour on my part that places others at risk could result in immediate termination of my right to Use University Facilities or Participate in University Activities.

C. Waiver of Liability, Release and Indemnification

In consideration of the University permitting me to Use University Facilities or Participate in University Activities, I agree as follows:

1. **To waive any and all claims that I may have in the future against the University**, its members, officers, employees, students, agents, volunteers and independent contractors (collectively referred to as the **Releasees**).
2. **To release the Releasees from any and all liability** for any loss, damage, injury, illness, death or expense that I may, or that members of my household(s) may suffer, including the contraction of **COVID-19**, as a result of my attending the University Campus, Using University Facilities or Participating in University Activities, including such loss, damage, injury, illness, death or expense that is caused by the negligence, breach of contract, or breach of any statutory or other duty of care (including any duty owed under the *Occupier's Liability Act*, **RSO 1990 c O.2**, as amended) on the part of the Releasees.
3. **To hold harmless and indemnify the Releasees** from any and all liability, causes of action, claims, judgments, costs and expenses (including legal fees) that I, a member of my household(s), or any third party may suffer as a result of my attending the University Campus, Using University Facilities or Participating in University Activities, including due to any act, omission, or negligence of the Releasees.
4. This Agreement shall be effective and binding on my heirs, next of kin, executors, administrators, assigns, and representatives in the event of my death or incapacity.

This Agreement shall be governed by and construed in accordance with the laws in force in the province of **Ontario** and the federal laws of Canada, as applicable. The courts of **Ontario** shall have exclusive jurisdiction over all claims, disputes, and actions arising out of and related to attending the University Campus, Using University Facilities or Participating in University Activities and this waiver and the parties hereby attorn to the jurisdiction of **Ontario** courts.

I have carefully read, fully understand, have had an opportunity to consult with a lawyer, and freely and voluntarily accept the terms contained within this Agreement and **understand that I, on my own behalf, am giving up substantial rights and accepting the risk that I may come into contact with, be exposed to, or be diagnosed with COVID-19 following my attending the University campus, Use of the University Facilities and/or participating in University Activities.**

I confirm that I have authority to enter into this Agreement and understand that the terms contained herein are legally binding. I understand and agree that the assumption of risk contemplated herein is intended to be as broad and inclusive as possible by the applicable laws of Canada and that if any portion hereof is held invalid, that the balance shall, notwithstanding, continue in full legal force and effect.

Signed this _____ day of _____, _____.

SIGNATURE OF PARTICIPANT

WITNESS SIGNATURE (Non Family Member)

This Agreement must be completed in full, without alteration, signed, dated and witnessed, and where indicated above paragraphs must be initialed before I may use University Facilities and/or participate in University Activity(ies)