

Fortress Mountain Resort / KPOW Cat Skiing COVID 19 Pre-Screen Questionnaire

Created: July 15, 2020
Revised: September 29, 2020



This questionnaire is required to be filled out by all visitors to the Fortress Mountain site and provided to site management either prior to or immediately upon arrival to Fortress Mountain Resort / K-Pow Cat Skiing.

Name: _____ Phone number: (____) _____

Are you over the age of 18: YES NO Email address: _____

*Minors require a guardian signature of this document

Date of your visit: _____ Purpose of your visit: _____

Please completely read the following questions and mark your answer:

1. Are you sick with a cold/flu or are you displaying any signs of COVID-19 and/or flu-like symptoms? YES NO
2. Do you have any new onset or worsening of any of the following symptoms: fever, cough, shortness of breath / difficulty breathing, sore throat, chills, painful swallowing, runny nose / nasal congestion, feeling unwell / fatigued, nausea / vomiting / diarrhea, unexplained loss of appetite, loss of sense of taste or smell, muscle / joint aches, headache, conjunctivitis (pink eye)? YES NO
3. Have you returned from outside of Canada in the past 14 days? YES NO
4. Have you had close contact with a confirmed case of COVID-19 in the last 14 days? YES NO
5. Have you had close contact with a symptomatic (see the list of symptoms in question 2) yet un-confirmed case of COVID-19 in the past 14 days? YES NO
6. In the past 14 days have you been directed by Public Health to self-isolate? YES NO

*If you have answered YES to any of the above questions you will not be able to access the Fortress site for a minimum of 14 days after this pre-screening has occurred. Fortress Mountain Resort / K-Pow Cat Skiing appreciates your understanding in our efforts to protect both our guests and staff from possible COVID-19 exposure.

Acknowledgement:

I understand that Fortress Mountain Resort / K-Pow Cat Skiing is taking recommended steps towards minimizing exposure to and transmission of COVID-19 at the Fortress site and will, to the best of my ability, adhere to recommended COVID-19 best practices and follow any reasonably requested actions placed upon me by Fortress Mountain staff which may include but not be limited to: use of face masks/coverings, maintaining physical distancing, and utilizing hand sanitizers. I acknowledge that, even with these efforts, I may still be exposed to the virus during my visit. I freely and willingly choose to participate in accessing the Fortress site knowing this and will not hold **Fortress Mountain Holdings Ltd, Kananaskis Powder Cat Skiing "KPOW"**, its directors, officers, employees, instructors, agents, representatives, volunteers, independent contractors, subcontractors, sponsors, other guests, successors, and assigns accountable should I contract the virus. Should I test positive for COVID-19 or show symptoms of the virus within 14 days after my visit, I will contact Fortress Mountain Resort so that they can assist with contact tracing efforts that will be undertaken and acknowledge that the information provided on this form may be used for, and only for, contact tracing purposes.

Signature: _____

Date: _____