

COVID 19 Property Showing Health Disclosure Declaration, Release & Indemnity

Property Address: _____ Appointment Date & Time: _____

Thank you for your interest in viewing our property. We urge all Buyer/Tenant Prospects to view the photographs and/or video tours available on the property prior to requesting an appointment. The health and safety of our Clients, Realtors, and Community are our top priority. Please review and complete the following prior to showing.

Buyer/Tenant REALTOR® (please print name): _____

I confirm the following statements to be true (check all that apply):

- I have not travelled anywhere outside of Canada or been in contact with anyone who has travelled outside of Canada, in the last 14 days.
- I have not experienced any of the following symptoms or come into contact with anyone experiencing any of the following symptoms in the last 14 days: fever, cough, sore throat, shortness of breath, runny nose, chest pain, extreme drowsiness or loss of consciousness.
- I have not knowingly come into contact with anyone with a presumptive or confirmed COVID- 19 diagnosis in the last 14 days.
- I have not been in a large group setting (50+ people) in the past 14 days.

Buyer/Tenant #1 (please print name): _____

I confirm the following statements to be true (check all that apply):

- I have not travelled anywhere outside of Canada or been in contact with anyone who has travelled outside of Canada, in the last 14 days.
- I have not experienced any of the following symptoms or come into contact with anyone experiencing any of the following symptoms in the last 14 days: fever, cough, sore throat, shortness of breath, runny nose, chest pain, extreme drowsiness or loss of consciousness.
- I have not knowingly come into contact with anyone with a presumptive or confirmed COVID- 19 diagnosis in the last 14 days.
- I have not been in a large group setting (50+ people) in the past 14 days.

Buyer/Tenant #2 (please print name): _____

I confirm the following statements to be true (check all that apply):

- I have not travelled anywhere outside of Canada or been in contact with anyone who has travelled outside of Canada, in the last 14 days.
- I have not experienced any of the following symptoms or come into contact with anyone experiencing any of the following symptoms in the last 14 days: fever, cough, sore throat, shortness of breath, runny nose, chest pain, extreme drowsiness or loss of consciousness.
- I have not knowingly come into contact with anyone with a presumptive or confirmed COVID- 19 diagnosis in the last 14 days.
- I have not been in a large group setting (50+ people) in the past 14 days.

You also agree to the following:

1. All parties must be wearing gloves provided or use hand sanitizer before using the lockbox and opening the front door.
2. Maintain at least 6 feet or 2 metres physical/social distancing from all other persons present throughout the duration of the visitation to the premises.
3. Washroom facilities may not be used for any reason during the showing.
4. Refrain from touching any surfaces.
5. You will limit the showing strictly to the necessary parties, not more than 3 persons per showing, including REALTOR®.
6. There will be no children in attendance for showings.
7. Limit the viewing to 30 minutes.
8. The prospective home buyer has been pre-qualified for a mortgage with a purchase price of the list price or higher.

I ACKNOWLEDGE THAT I HAVE BEEN ADVISED BY MY REALTOR TO SEEK LEGAL AND OR MEDICAL ADVICE REGARDING THE RISKS ASSOCIATED WITH IN-PERSON PROPERTY VISITATION DURING THE COVID-19 VIRUS PANDEMIC.

I AGREE TO INDEMNIFY, SAVE HARMLESS, RELEASE, DISCHARGE, ACQUIT AND FORGIVE MY REALTOR® AS SPECIFIED ABOVE, AND THEIR BROKERAGE, AS WELL AS THE LISTING REALTOR® LISTING BROKERAGE AND THE SELLER(S) FOR THE SUBJECT PROPERTY, FROM ANY AND ALL LIABILITY, CLAIMS, ACTIONS, SUITS, DEMANDS, COSTS OR EXPENSES OF ANY KIND, AS RELATED TO ANY HEALTH RISKS OR ADVERSE HEALTH RELATED CONSEQUENCES, ARISING AS A RESULT OF MY VISITATION AT THE SUBJECT PROPERTY.

Your signature indicates that you have carefully read and understand this Disclosure and wish to proceed with a scheduled showing knowing of the risks.

Signature of REALTOR®: _____ Date: _____

Contact Information of the Realtor: _____ Mobile #: _____

Signature of Buyer/Tenant #1: _____ Date: _____

Signature of Buyer/Tenant #2: _____ Date: _____

Access to this property will not be granted to any REALTOR® or Buyer/Tenant who has either not completed this form and emailed it back to the Listing Agent or LA Brokerage, and/or has been unable to check all of the above criteria.

Email: frontdesk@searchrealty.ca