

**Cowichan Lawn Bowling Club**  
**Return to Play**  
**Phase 2 Guidelines**  
**Board approved July 21, 2020**

The Cowichan Lawn Bowling Club is in the process of rebuilding their lawn bowling green starting June 1, 2020. The clubhouse and grounds will be out of bounds to the members during the rebuild. In order to allow our members to “Return to Play” during the green rebuilding, we have made arrangements with the Municipality of North Cowichan to lawn bowl on their field hockey practice turf at the Sportsplex on Chesterfield Street.

This document contains a series of recommendations for how we will carry out lawn bowling activities during Phase 2 of “Return to Play”. We recognize that it is essential that any and all decisions regarding the timing and protocol for a resumption of Bowls activity must adhere to Federal, Provincial and Local Public Health Authorities. The guidelines for Return to Play provided by viaSport and Bowls BC have been followed in preparing this document and are being submitted to Bowls BC for review.

- Phase 1 – training and practice only
- Phase 2 – intra-club games (in-house games)
- Phase 3 – inter-club games
- Phase 4 -- regional/provincial competition

1. The following Pandemic Guidelines and Procedures protocol has been adopted by the Cowichan Lawn Bowling Club.
2. The CLBC is able to implement the required 2 metre standard for physical distancing proposed by the local health authority outlined below.

### **Return to Play Framework**

1. Pre-Screening
2. Recommended Protocol for Common Storage and Equipment Use
3. Recommended Protocol for Phase 2 Bowls Activity – Intra-club games and Practice
4. Bowler Expectations
5. Tracing Protocols
6. General Safety Protocols

#### **1. Pre-Screening**

- CLBC will ensure that all participants are aware of the signs and symptoms of COVID-19. We will encourage but not require participants to use the Government of Canada tracking application to monitor and track symptoms before coming out to play. The Club has appointed a safety committee that will be responsible for overseeing and monitoring the return to play protocol. At all times, the guidelines and legislations of Provincial and Local Health Authorities will be respected and will take precedence over these recommendations.
- Signage has been placed at the entrance to the field hockey practice rink outlining the physical distancing guidelines in place, as well as hand-washing recommendations/protocols.
- Before the start of their first bowling session, each member will be required to read and sign a copy of the following documents:
  - a) The “Participant Agreement” (Appendix A) acknowledging that they understand and agree to abide by the protocols listed and outlined in this document.
  - b) Bowls Canada Boulingrin Release of Liability Waiver of Claims and Indemnity Agreement form, hereinafter referred to as “the Waiver” (Appendix B).

- Our Return to Play Phase 2 Guidelines are based on current public health information. While we are all doing our best to minimize the risk of exposure to COVID-19 while the virus circulates in our communities, it is impossible to completely eliminate the risk. Participants must make their own decision as to whether it is in their best interest to resume participation at this time. Players must take into account their own circumstances and make the decision that is right for them. Should they choose to return to bowling at the Cowichan Sportsplex field hockey practice turf, the Cowichan Lawn Bowling Club requires their full cooperation and adherence to the Return to Play Phase 2 Guidelines.
- Before the start of each bowling session, all members and spectators (members who are not bowling) will be required to complete and sign a copy of the Symptom Assessment questionnaire (Appendix C) acknowledging that they understand and agree to follow the COVID-19 guidelines. The opener/monitor will also review the importance of maintaining physical distancing and hand sanitization.
- Resources are available on site to clean and disinfect after each bowling session.
- Bowlers should bring their own water bottles, clearly marked with their names.
- Washrooms will be used in accordance with use and disinfectant guidelines provided by the Municipality of North Cowichan
- Hand sanitizer and/or disinfectant wipes will be provided in common places.
- CLBC is working with the local authorities on handling of waste. Each player will be responsible for disposing of their own waste.

## **2. Recommended Protocol for Common Storage and Equipment Use**

- Storage of mats and jacks: All mats, jacks and lane markers are stored in a box that we provide. The box is locked at all times and can only be opened for bowling by the opener/monitor. Items removed from the box will be disinfected prior to play and on their being returned to the box.
- All bowlers will be required to bring their own bowls. They will be responsible for disinfecting the bowls before they bring them to the green and when they leave. Bowls will not be stored at the Sportsplex.

## **3. Recommended Protocol for Phase 2 Bowls Activity – Intra-club games and Practice**

- Only CLBC members who have preregistered on the club website will be allowed to bowl on the practice turf. Bowlers without a pre-scheduled time will not be permitted access. For those bowlers who do not have internet access, a volunteer will be appointed who can be telephoned to help manage the scheduling process. The opener/monitor will assign players to teams and lanes on which they play.
- At the start of each bowling session, all players will attend a brief session reviewing the protocols and screening practices. Before play starts, players will be reminded of the importance of physical distancing.
- Players will be asked to arrive only 5 minutes before their scheduled time and leave as soon as they have collected and disinfected all of their equipment. Time will be left between playing time slots to minimize contact between the participants of different time slots.
- A “waiting area” will be designated in case bowlers do arrive early for their pre-scheduled time slot and marked appropriately with physical distancing cues. This waiting area must be away from the playing areas so that participants leaving and arriving do not cross paths unnecessarily.
- A record will be kept of each person who arrives at the practice turf.
- A maximum of 5 spectators (non-bowling club members) will be permitted at any scheduled bowling session.
- All spectators wishing to enter the field hockey rink to watch play will be required to sign the Waiver (Appendix B) and to read and sign a copy of the Symptom Assessment Questionnaire (Appendix C) acknowledging that they understand and agree to follow the COVID-19 guidelines.
- A person wishing to become a member of the Cowichan Lawn Bowling Club until April 30, 2021 will be required to complete an application form, sign the Participant Agreement Form, The Waiver Form, the Symptom Assessment Form and agree to follow the CLBC Return to Play Phase 2 Guidelines.
- All spectators will be required to bring their own chairs, sit in a designated visitor area and remove their own chairs.

- The number of people who will be allowed to register and play on the Sportsplex turf during Phase 2 at each pre-scheduled time will be limited to 20 (5 greens of 4 players) with a maximum of 25 people, including spectators, at any one time. All players will be directed to follow local physical distancing legislation at all times.

- There will be one empty rink between rinks being used.
- All bowling sessions will be limited to a maximum of 14 ends or 1¾ hours, including time to disinfect and set up and disinfect and put away bowling equipment.
- Games will be limited to singles, pairs or cutthroat.
- No Inter-club games, tournaments or competitions will take place during Phase 2 of Return to Play. As restrictions are relaxed for later phases, modified games or tournaments will be recommended.
- Mat placement - At the start of the first end, one of the leads will be designated to place the mat on the centre line at the start of each end and that player's skip will be responsible for removing the mat on completion of each end. These same two people, each touching only one end of the mat, will handle the mat for the duration of the bowling session.

A red mark has been placed on the "front" edge of the mat where the lead throwing first bowls is to handle the mat and a white mark has been placed on the "back" edge of the mat where the designated skip is to handle the mat.

- Two jacks will be used on each rink, one for each end. The jacks will be sanitized before being placed at each end of the rink and then kicked into place at the start of each end and kicked to the back of the green when the end is finished. The jacks will be cleaned and sanitized before and after use.
- When measuring is required, only one person in the head can do the measuring with the other person at least 2 metres away. The winning bowls are kicked out of the way. No hand touching of another person's bowls.
- Coaching will be available at designated times on a rink set aside for this purpose. Physical distancing must be maintained and sharing of equipment with participants (including bowls, jacks, and mats) is not permitted. Coaches must adhere to all Return to Play protocols.
- Scoreboards and pushers/rakes will not be used. After all bowls have been thrown in an end, the bowls should be kicked to the back of the area designated as the ditch.
- Players wishing to keep score must bring their own materials to do so.

#### **4. Bowler Expectations**

Bowlers will be required to:

- Pre-schedule when they would like to play; not just show up and expect to play.
- Arrive no more than 5 minutes before their scheduled time, and leave promptly when they are finished.
- Practice physical distancing by staying a minimum of two metres away from each other at all times.
- Use their own bowls.
- Bring their own sanitizer and other personal and protective equipment (face masks and gloves) to the green.
- Sanitize their hands immediately upon entering the premises and prior to leaving the premises.
- Designate one lead to set the mat and one skip to remove the mat.
- Refrain from sharing equipment.
- Refrain from shaking hands or giving high fives.
- Refrain from visiting with other people; stick to their assigned rink and maintain physical distancing.
- When walking from one end of the rink to the other, always walk down the right side of the rink, in single file 2 metres apart.
- Advise any spectator of the Waiver and Symptom Assessment forms (Appendices B and C) that they will have to sign before coming in to watch bowling.
- Refrain from accessing closed spaces or equipment. This includes benches.
- Refrain from loitering in the parking lot before or after they bowl.
- Refrain from entering the washroom if there is already someone else inside or if the washroom has been closed.
- Bring their own water

- Take home their own waste material.
- If they are feeling unwell, regardless of the symptoms, stay home.

#### **5. Tracing Protocol**

- Members will be instructed to follow the tracing protocols established by local health authorities where possible.
- Our members and those directly impacted will be notified should a participant test positive.
- Should an outbreak occur, all club activities will be suspended until the cause of the outbreak has been determined and corrective procedures have been documented and implemented.
- The club board of directors will keep volunteers and participants informed and updated on issues affecting the club. Should an outbreak occur or a participant test positive, the Club President or another board member will be responsible for directing them to the local health agency for testing.
- Copies of completed Symptom Assessment questionnaires will be maintained by the club for a period not less than 5 years. Symptom Assessment questionnaires older than 5 years will be destroyed.

#### **6. General Safety Protocols**

- Any violation/infraction of the above guidelines will require all play to come to a halt until action is taken to correct the problem.
- Individuals who do not follow safety precautions or other guidelines that the club has adopted will be asked to leave the playing area immediately. Members who have been asked to leave will not be allowed back onto the playing area until they again have reviewed and agreed to follow all of the above guidelines.
- Appropriate signage is in place to remind participants of proper physical distancing requirements and the need for frequent hand washing.
- No food or beverages will be served at the Sportsplex.

## Appendix A

### PARTICIPANT AGREEMENT

I acknowledge that I have read, understand, and agree to the **Cowichan Lawn Bowling Club Return to Play Guidelines**.

- I agree to symptom screening checks, and will let my club know if I have experienced any of the symptoms in the last 14 days.
- I agree to stay home if feeling sick, and remain home for 14 days if experiencing COVID-19 symptoms.
- I agree to sanitize my hands upon entering and exiting the facility, with soap or sanitizer.
- I agree to sanitize the equipment I use throughout my practice with approved cleaning products provided by the club (shared and personal equipment).
- I agree to continue to follow social distancing protocols of staying at least 2m away from others.
- I agree not to share any equipment during practice times.
- I agree to abide by all of my Clubs COVID-19 Policies and Guidelines.
- I understand that if I do not abide by the aforementioned policies/guidelines, I may be asked to leave the club for up to 14 days to help protect myself and others around me.
- I acknowledge that continued abuse of the policies and/or guidelines may result in suspension of my club membership temporarily.
- I acknowledge that there are risks associated with entering club facilities and/or participating in club activities, and that the measures taken by the club and participants, including those set out above and under the COVID-19 Response Plan and Return to Sport Protocols, will not entirely eliminate those risks.

Name: \_\_\_\_\_  
(please print)

Date:

Signature: \_\_\_\_\_

## Appendix B

### Waiver

#### **BOWLS CANADA BOULINGRIN - RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT**

***(To be executed by Participants who are the Age of Majority and older)***

**Participant's Name:** \_\_\_\_\_ **Participant's Date of Birth:** \_\_\_\_\_

1. This is a binding legal agreement. Clarify any questions or concerns before signing. Prior to participating, an individual who is the age of majority or older and who wants to participate in the sport of lawn bowling and the activities, programs, classes and services provided by, and/or in the events sponsored or organized by Bowls Canada Boulingrin, Bowls BC, and COWICHAN LAWN BOWLING CLUB, which may include but is not limited to: competitions, tournaments, practices, training, personal or strength training, dry land training, training using machines or weights, nutritional and dietary programs, orientational or instructional sessions or lessons, and aerobic and anaerobic conditioning programs (collectively the "Activities") must acknowledge and agree to the terms outlined in this agreement.

#### **Disclaimer**

2. Bowls Canada Boulingrin, Bowls BC, COWICHAN LAWN BOWLING CLUB and their respective Directors, Officers, committee members, members, employees, coaches, volunteers, officials, participants, agents, sponsors, owners/operators of the facilities in which the Activities take place, and representatives (collectively the "Organization") are not responsible for any injury, personal injury, damage, property damage, expense, loss of income or loss of any kind suffered by a Participant during, or as a result of, the Activities, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

(initial here) ☒ ***I have read and agree to be bound by paragraphs 1 and 2***

#### **Description and Acknowledgement of Risks**

3. I understand and acknowledge that

- a) The Activities have foreseeable and unforeseeable inherent risks, hazards and dangers that no amount of care, caution or expertise can eliminate, including without limitation, the potential for serious bodily injury, permanent disability, paralysis and loss of life
- b) The Organization may offer or promote online programming (such as webinars, remote conferences, workshops, and online training) which have different foreseeable and unforeseeable risks than in-person programming
- c) The Organization has a difficult task to ensure safety and it is not infallible. The Organization may be unaware of my fitness or abilities, may misjudge weather or environmental conditions, may give incomplete warnings or instructions, and the equipment being used might malfunction
- d) **(COVID-19)** The COVID-19 disease has been declared a worldwide pandemic by the World Health Organization and is extremely contagious. The Organization has put in place preventative measures to reduce the spread of COVID-19; however, the Organization cannot guarantee that I will not become infected with COVID-19. Further, participating in the Activities could increase my risk of contracting COVID-19

4. I am participating voluntarily in the Activities. In consideration of my participation, I hereby acknowledge that I am aware of the risks, dangers and hazards associated with or related to the Activities. I understand that the Organization may fail to safeguard or protect me from the risks, dangers and hazards of the Activities, some of which are listed below. The risks, dangers and hazards include, but are not limited to:

- a) Health: executing strenuous and demanding physical techniques; physical exertion; overexertion; stretching; dehydration; fatigue; cardiovascular workouts; rapid movements and stops; lack of fitness or conditioning; traumatic injury; sprains and fractures, spinal cord injuries, bacterial infections; rashes; and the transmission of communicable diseases, including viruses of all kinds, COVID-19, bacteria, parasites or other organisms or any mutation thereof
- b) Premises: defective, dangerous or unsafe condition of the facilities; falls; collisions with objects, walls, equipment or persons; dangerous, unsafe, or irregular conditions on lawn bowling surfaces, bowling greens, or other surfaces; extreme weather conditions; and travel to and from the premises
- c) Use of equipment: mechanical failure of the equipment; negligent design or manufacture of the equipment; the provision of or the failure by the Organization to provide any warnings, directions, instructions or guidance as to the use

of the equipment; failure to wear safety or protective equipment; and failure to use or operate equipment within my own ability

d) Contact: contact with lawn bowling bowls, jacks, other equipment, vehicles, or other persons; and other contact that may lead to serious bodily injury, including but not limited to concussions and/or other brain injury or serious spinal injury

e) Advice: negligent advice regarding the Activities

f) Ability: failing to act safely or within my own ability or within designated areas

g) Sport: the sport of lawn bowling and its inherent risks, including but not limited to walking, running, lunging, slipping on the bowling green, delivering the bowl, picking up the bowls, stepping onto the bowling green from the walkway or onto the walkway from the bowling green, or stepping over dividers that divide one bowls green from the next

h) Cyber: privacy breaches; hacking; and technology malfunction or damage

i) Conduct: my conduct and conduct of other persons including any physical altercation between participants

j) Travel: travel to and from the Activities

k) Negligence: my negligence and negligence of other persons, including NEGLIGENCE ON THE PART OF THE ORGANIZATION, which may increase the risk of damage, loss, personal injury or death

( initial here) ☐ ***I have read and agree to be bound by paragraphs 3 and 4***

### **Terms**

5. In consideration of the Organization allowing me to participate in the Activities, I agree:

a) That when I practice or train in my own space, I am responsible for my surroundings and the location and equipment that I select

b) That my mental and physical condition is appropriate to participate in the Activities and I assume all risks related to my mental and physical condition

c) To comply with the rules and regulations for participation in the Activities

d) To comply with the rules of the facility or equipment

e) That if I observe an unusual significant hazard or risk, I will remove myself from participation and bring my observations to a representative of the Organization immediately

f) The risks associated with the Activities are increased when I am impaired and I will not to participate if impaired in any way

g) That it is my sole responsibility to assess whether any Activities are too difficult for me. By commencing an Activity, I acknowledge and accept the suitability and conditions of the Activity

h) That I am responsible for my choice of safety or protective equipment and the secure fitting of that equipment

i) **(COVID-19)** That COVID-19 is contagious in nature and I may be exposed to, or infected by, COVID-19 and such exposure may result in personal injury, illness, permanent disability, or death

### **Release of Liability and Disclaimer**

6. In consideration of the Organization allowing me to participate, I agree:

a) That the sole responsibility for my safety remains with me

b) To ASSUME all risks arising out of, associated with or related to my participation

c) That I am not relying on any oral or written statements made by the Organization or its agents, whether in a brochure or advertisement or in individual conversations, to agree to participate in the Activities

d) To WAIVE any and all claims that I may have now or in the future against the Organization

e) To freely ACCEPT AND FULLY ASSUME all such risks and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from my participation in the Activities

f) To FOREVER RELEASE the Organization from any and all liability for any and all claims, demands, actions, damages (including direct, indirect, special and/or consequential), losses, actions, judgments, and costs (including legal fees) (collectively, the "Claims") which I have or may have in the future, that might arise out of, result from, or relate to my participation in the Activities, even though such Claims may have been caused by any manner whatsoever, including but not limited to, the negligence, gross negligence, negligent rescue, omissions, carelessness, breach of contract and/or breach of any statutory duty of care of the Organization

g) To FOREVER RELEASE AND INDEMNIFY the Organization from any action related to my becoming exposed to or infected by COVID-19 as a result of, or from, any action, omission or negligence of myself or others, including but not limited to the Organization

h) That the Organization is not responsible or liable for any damage to my vehicle, property, or equipment that may occur as a result of the Activities

i) That negligence includes failure on the part of the Organization to take reasonable steps to safeguard or protect me from the risks, dangers and hazards associated with the Activities

j) This release, waiver and indemnity is intended to be as broad and inclusive as is permitted by law of the Province of British Columbia and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect

**Jurisdiction**

7. I agree that in the event that I file a lawsuit against the Organization, I will do so solely in the Province of British Columbia and further agree that the substantive law of the Province of British Columbia will apply without regard to conflict of law rules.

( initial here) ☒ ***I have read and agree to be bound by paragraphs 5 to 7***

**Acknowledgement**

8. I acknowledge that I have read and understand this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, spouse, children, guardians, next of kin, executors, administrators and legal or personal representatives. I further acknowledge by signing this agreement I have waived my right to maintain a lawsuit against the Organization on the basis of any claims from which I have released herein.

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Name of Participant (print)	Signature of Participant	Date
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## Appendix C

### Symptom Assessment Form

<b>Print Member Name:</b>								
<b>Symptom Screening</b>								
Every person entering the lawn bowling greens/grounds or facilities must complete and sign the below questionnaire EACH time they enter. No person will be allowed to stay at the club if they have not completed the below Questionnaire.								
<b>Symptom Screening Questionnaire</b>								
<b>1. Do you have any of the following new or worsening symptoms or signs?</b>								
•New or worsening cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Runny nose, sneezing or nasal congestion (in absence of underlying reasons for symptoms such as seasonal allergies and post nasal drip)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Hoarse voice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Difficulty swallowing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•New smell or taste disorder(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Nausea/vomiting, diarrhea, abdominal pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Unexplained fatigue/malaise	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2. Have you travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3. Do you have a fever?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have answered <b>YES to any question</b> you have not passed and <b>cannot</b> enter the club grounds, greens or facilities. It is recommended that you contact your medical practitioner and discuss the results of this questionnaire.								
<b>Date:</b>								
<b>Member's Signature:</b>								