



FORM C

**COVID-19 VIRUS PANDEMIC  
BUYER VISITATION DECLARATION, RELEASE, INDEMNITY,  
& HEALTH DISCLOSURE**

RE: Buyer In-Person Visitation of Premises at \_\_\_\_\_ (the "Premises"),  
on \_\_\_\_\_ (date) at \_\_\_\_\_ (time).

Buyer Realtor Representative (please print): \_\_\_\_\_

Buyer Realtor Phone Number: \_\_\_\_\_

**BUYER DECLARATION, RELEASE & INDEMNITY:**

**I acknowledge and agree as follows:**

1. I am requesting that my Realtor arrange for in-person visitation of this property. I do so voluntarily and of my own free will without any coercion by any person or company and being fully aware that we are in the midst of a COVID-19 virus pandemic and the virus appears to be highly contagious;
2. I fully understand that by seeking in-person access to the premise, there is a risk I may be exposing myself to the potential transmission of the COVID-19 virus to myself, my family or my friends. I knowingly, freely and voluntarily accept the inherent risks of this activity, including possible contamination, illness or death;
3. I will maintain at least a 6 foot or 2 metre physical/social distancing from all other persons present throughout the duration of the visitation to the premises.
4. I have been advised by my Realtor to follow best practices related to in-person property visitation during the COVID-19 pandemic, including but not limited to; keeping my hands in my pockets, refraining from touching any surfaces, turning lights on or off, opening or closing doors, not using washroom facilities, and wherever possible, disinfecting my hands immediately before and after the visitation.
5. I have been fully advised by my Realtor of the risks involved related to in-person property visitation during the COVID-19 virus pandemic and I take full responsibility for any negative consequences resulting from continuing this activity at this time;
6. I acknowledge that I have been advised by my Realtor to seek legal advice regarding the risks associated with in-person property visitation during the COVID-19 virus pandemic, and to do so again prior to committing to an Agreement of Purchase and Sale related to the property;
- 7. 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(s) and the listing brokerage 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.**

# FORM C



**Buyer #1 Declaration,  
Release & Indemnity Acceptance:** \_\_\_\_\_  
(SIGNATURE)

**Buyer #1 Full Name (please print):** \_\_\_\_\_  
**Witness:** \_\_\_\_\_  
(SIGNATURE)

**Buyer #2 Declaration,  
Release & Indemnity Acceptance:** \_\_\_\_\_  
(SIGNATURE)

**Buyer #2 Full Name (please print):** \_\_\_\_\_  
**Witness:** \_\_\_\_\_  
(SIGNATURE)

## **VISITING REALTOR & BUYER HEALTH DISCLOSURE:**

*Prior to entering this property please consider the health and safety of others.*

**Buyer Realtor Representative (please print):** \_\_\_\_\_

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

- I have not recently travelled anywhere outside of Canada or been in contact with anyone who has travelled outside of Canada.
- I have not experienced any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I have not come into contact with anyone with a confirmed COVID-19 diagnosis in the last 14 days.

**Buyer/Buyer Prospect #1 (please print):** \_\_\_\_\_

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

- I have not recently travelled anywhere outside of Canada or been in contact with anyone who has travelled outside of Canada.
- I have not experienced any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I have not come into contact with anyone with a confirmed COVID-19 diagnosis in the last 14 days.

**Buyer/Buyer Prospect #2 (please print):** \_\_\_\_\_

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

- I have not recently travelled anywhere outside of Canada or been in contact with anyone who has travelled outside of Canada.
- I have not experienced any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I have not come into contact with anyone with a confirmed COVID-19 diagnosis in the last 14 days.

**Access to this property will not be granted for any Realtor or Buyer/Buyer Prospect who has either not completed this form, or has been unable to check all of the above 3 criteria.**

**REALTOR: Please email completed form to** \_\_\_\_\_

**AND LISTING BROKERAGE : [centraltoronto@royallepage.ca](mailto:centraltoronto@royallepage.ca)**