



Please have this filled out and ready at check-in when you arrive.

IN CONSIDERATION of being permitted to compete, officiate, observe, work, or participate in any way in the EVENT(S) Fair, I for myself, my child(ren), my personal representatives, heirs, and next of kin:

1. Affirm that to the best of my knowledge, I or my child(ren) have not been diagnosed with, demonstrated any symptoms of or have in any way been exposed to any communicable diseases (including but not limited to the virus commonly referred to as COVID-19) within the past thirty days;
2. Acknowledge that I, or on behalf of my child(ren,) am aware that by entering the premises and participating in the EVENT(S) that there are risks to me and/or my child(ren) and to those with whom I interact of exposure, directly or indirectly, to communicable disease(s) including, but not limited to the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)," "COVID-19" and/or any mutation or variation thereof;
3. HEREBY voluntarily agree to RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE on behalf of myself or on behalf of my child(ren) or others with whom I interact, any persons in any RESTRICTED AREA, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S), premises and event inspectors, surveyors, underwriters, consultants and others who give recommendations, directions, instructions or engage in risk evaluation or loss control activities regarding the premises or EVENT(S) and each of them, their directors, officers, agents and employees, all for the purposes herein referred to as "Releasees," from all liability to the undersigned including his/her child(ren), his/her personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefor, whether caused by the negligence of the Releasees or otherwise;
4. HEREBY agree to INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur arising out of or related to my or my child(ren)'s illness or death, whether caused by the negligence of the Releasees or otherwise. I HAVE READ THIS COMMUNICABLE DISEASE RELATED HOLD HARMLESS, RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT, UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY CHECKING THE BOX TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Family Unit/Household Physical Address: _____

Phone Number: _____ **Email Address:** _____

List Names: Parent(s), Guardian(s), and Youth 18 and older must print and sign this form. Children's names must be listed.

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Days present on the grounds: (For office use only)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday