

## ACTIVITY WAIVER FORM

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### **Anoka County Minnesota Kennel Club**

### **Cambridge, Minnesota Kennel Club**

September 10 – 13, 2020

**NOTICE: ANYONE WHO ATTENDS THIS CLUSTER MUST SIGN THIS FORM**

As a registered participant (or the registered participant's parent/legal guardian), contractor or volunteer, I acknowledge that I am aware of the potential spread of COVID-19 that could result in severe illness and potential death. My presence at this event proves that I voluntarily accept this risk.

I hereby agree to indemnify and hold harmless the Summer Solstice Cluster, Anoka County Minnesota Kennel Club, Cambridge, Minnesota Kennel Club, their officers, directors, members, agents, contractors and volunteers from any and all liability relating to any illness or injury, including possible COVID-19 exposure, that may occur during or as a result of my participation in these dog shows at the Isanti County Fairgrounds in Cambridge, Minnesota or anywhere considered part of these show grounds.

I attest to the best of my knowledge I do not have COVID-19 at the time of attending this event. I also attest that I have not had close contact with a person symptomatic or confirmed to have COVID-19 in the last 14 days. If I have been infected by COVID-19, I have been medically released to return to normal activities.

I acknowledge that I have been made aware of safe practices required at this event and that I agree to follow those rules. I acknowledge that failure to follow the rules of the Summer Solstice Cluster, including the COVID-19 safety rules, may result in immediate dismissal from the show grounds and a show committee hearing following AKC guidelines.

I commit that I will, to the best of my ability, practice social distancing, good hygiene including frequent hand washing with soap and water or hand sanitizer, and wear a face mask that fully covers nose and mouth or face shield at all times when not in my vehicle while on the show grounds. This includes while grooming or tending dogs outside my vehicle in assigned parking area. I will not gather in groups less than six feet apart while on the show grounds. I will notify the Summer Solstice Cluster Committee immediately if I experience COVID-19 related symptoms or believe that I have been exposed.

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\_\_\_\_\_ I do not have COVID-19, I have not been tested positive for COVID-19, nor am I waiting for test results.

\_\_\_\_\_ I have not within the past 14 days experienced symptoms associated with COVID-19 including fever, coughing, congestion, runny nose, nausea, vomiting, diarrhea or shortness of breath.

\_\_\_\_\_ I have not within the past 14 days, to the best of my knowledge and belief, been in contact with or exposed to any known carrier of COVID-19.

\_\_\_\_\_ I am representing my condition as of signing, and if, as of the later time of the event, there has been any change in any conditions represented, I am obligated to formally notify the event chairman of the changed conditions at the time of and before participating in the event.

\_\_\_\_\_ I agree to follow any specific event guidelines, precautions and requirements to mitigate the possibility of event participants or attendees contracting or spreading COVID-19. Including wearing a mask, social distancing, washing my hands and using hand sanitizer. I understand the risks of contracting or being exposed to COVID-19 associated with my attendance at this event, and knowingly accept those risks.

\_\_\_\_\_ By signing/agreeing below, I agree to waive, release and hold harmless Summer Solstice Cluster, Anoka County Minnesota Kennel Club, Cambridge, Minnesota Kennel Club, their officers, directors, members, agents, contractors and volunteers and the Isanti Agricultural Society from any and all liability relating to any claim, liability, loss or expense arising from a COVID-19 infection acquired by myself or any of my family members or associates as a result of participation at this event.

\_\_\_\_\_  
Print Name (signer and minor if applicable)

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Minor Child under 18 years old

\_\_\_\_\_  
Signature of Minor Child under 18

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip