

## WAIVER

Note: Subject to change depending on restrictions at the time of the shows and trials.

### Halifax Kennel Club

### Shows– Sep 4, 5, 6, 2021

Notice: Anyone that Attends this Dog Show Must Sign this form- No Exceptions!!

- This is for Club Members, Judges, Ring Stewards, Exhibitors, Owners, Handlers, Breeders, Assistants, Volunteers, Vendors, Family Members, Friends etc.
- If you are on the Grounds this Form Must be filled out and on file with the Club. This Also includes Minor Children Under 18 years old.
- I fully attest to the best of my knowledge that I do not have Covid-19 at the time of attending this show.
- I also attest that I have NOT been in contact with or exposed to any known carrier of Covid-19 within the past 21 days.
- I agree that I am attending the Dog Show entirely at my own risk and take full responsibility for my own health and safety during this event.
- I will follow the Halifax Club's rules, requirements, procedures, protocols, and guidelines to reduce any exposure to, or the possibility of contracting or spreading the virus.
- I will also follow the Province of Nova Scotia's guidelines regarding Covid-19. <https://novascotia.ca/coronavirus/>
- I fully submit that the Halifax Kennel Club, its staff, or volunteers are in no way liable for any present or future Covid-19 exposure or infection incurred at anytime by any person in attendance or not in attendance during or after this dog show, and hereby waive all rights to file a lawsuit against the above if I am exposed to Covid-19.
- You will be issued a bracelet once this waiver is handed in and must be worn at all times when on the show site. If you lose your bracelet you will need to fill out another form to receive a bracelet.

By signing this Waiver, I hereby agree to following everything within this Waiver.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Parent or Guardian of Minors must sign for individuals under the age of 18yrs.

Signature of Guardian \_\_\_\_\_

Print names of Minor and Guardian \_\_\_\_\_

Phone Number \_\_\_\_\_ Vehicle Plate Number \_\_\_\_\_

Print, Sign and present this Form upon arrival to receive Access WristBand