

# COVID-19 EVENT WAIVER



In order to accommodate  
**PRINCE ALBERT KENNEL & OBEDIENCE CLUB DOG SHOW**  
November 20<sup>th</sup>, 21<sup>st</sup>, 22<sup>nd</sup>, 23<sup>rd</sup>, 2020

**NOTICE: Anyone who attends this Dog Show is required to complete, sign and initial and present this form to the PAKOC Show Table in order to enter the venue — no exceptions. This is for the Club Members, Judges, Ring Stewards, Exhibitors, Owners, Handlers, Breeders, Assistants, Volunteers, Vendors, Family Members, Friends, Security, etc. If you are on the grounds, this form must be completed 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 currently have, nor have tested positive for, COVID-19 in the last 14 days.  
Initial Required

\_\_\_\_\_ I have not been in contact with, or exposed to, any known carrier of COVID-19 within the  
Initial Required past 14 days.

\_\_\_\_\_ I am attending the Dog Show entirely at my own risk and take full responsibility for my own  
Initial Required health and safety during this event.

In order to reduce exposure or the possibility of contracting or spreading the virus I agree to follow the rules, requirements, procedures, protocols, and guidelines put in place by PAKOC. I will also follow the Government of Saskatchewan requirements regarding COVID-19.

I understand that participation in this event has risks and hazards including risks associated with COVID-19. I freely and voluntarily assume all the risks and hazards of participation, including any legal risks.

I waive any claim I may have against PAKOC arising from my participation in this event, however it is caused, and I agree to indemnify and hold harmless the Prince Albert Kennel & Obedience Club, it's employees, members, volunteers, Gateway Mall #1540709 Ontario Limited and Avison Young Property Advisory and Managers Inc. from all claims arising from my participation in this event.

\_\_\_\_\_  
Name of Handler (please print)

\_\_\_\_\_  
Signature of Parent/Guardian/Handler

Minor under 18 years \_\_\_\_\_  
(print name of both the signatory and the Minor)

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Email Address

Date: \_\_\_\_\_

**Print, sign, and present this form upon arrival in order to receive your arm band.**

# NO FORM, NO ACCESS, NO EXCEPTIONS!