

Last name, first name: _____ Wristband number: _____



COVID-19 EVENTS WAIVER

for the Friday Specialties and
Sacramento Valley Dog Fanciers shows
held Friday-Sunday,
September 25-27, 2020

**NOTICE – ANYONE WHO ATTENDS THESE EVENTS
MUST SIGN THIS FORM**

ALL: Exhibitors, Owners, Handlers, Breeders, Assistants, Family, Friends
If you are on the show grounds, this form must be on file.
This also includes minor children under 18 years of age.

I fully attest to the best of my knowledge that I do not have COVID-19 at the time of attending this event. I also attest I have NOT been in contact with or exposed to any known carrier of COVID-19 within the past 14 days. I agree that I am attending the Friday specialties and/or Sacramento Valley Dog Fanciers Assoc. Inc. (SVDFFA) weekend shows entirely at my own risk and take full responsibility for my own health and safety during said event(s). I will follow all American Kennel Club Inc. (AKC), and Reno-Sparks Livestock Event Center requirements, procedures, protocols, and guidelines to reduce any exposure and possibility of contracting or spreading the virus. I will also follow CDC, Federal, State of Nevada, Washoe County, and City of Reno guidelines regarding COVID-19. Adherence to all procedures, protocols, and guidelines is mandatory for attendance and refusal to do so is grounds for removal for the duration of said events.

I fully submit that the AKC, Inc., SVDFFA, Inc., and all other contracted staff and employees, any workers or volunteers are in no way liable for any present or future COVID-19 exposure incurred at any time by any person, in attendance or not in attendance, during or after this event, and hereby waive all rights to file a lawsuit against above if I am exposed to COVID-19.

By signing this waiver below, I hereby agree to, and agree to follow, everything contained within this waiver.

Signature: _____
Print Name: _____
Address: _____
City, State, Zip _____
Cell Phone: _____
Date: _____

Signature: _____
Print Name of both signer & minor: _____
Minor Child under 18 years Signature: _____
Date: _____

PLEASE PRINT, FILL OUT & BRING THIS FORM WITH YOU. YOU MUST HAND IN THE FORM TO GET YOUR WRISTBAND WHICH WILL BE YOUR PASS IN & OUT OF THE BUILDING.

NO FORM, NO WRISTBAND, NO MASK – NO SHOW – NO EXCUSES