

**McTEGGART IRISH DANCERS OF NORTH TEXAS
COVID-19 ASSUMPTION OF RESPONSIBILITY AND RISK**

COMMUNICABLE DISEASES AND ILLNESSES. I understand and agree that if I or a member of my household exhibits a sign or symptom indicating the possibility of a communicable disease or related illness (including, but not limited to coronavirus, COVID-19, or influenza) or within the past fourteen (14) days have displayed, been exposed to, or provided care to another person exhibiting symptoms consistent with COVID-19, I will STOP attending ALL McTeggart Irish Dancers of North Texas (McTeggart IDNT) Activities and immediately notify the McTeggart IDNT. I will not return to the Activity or participate in the Activity until a physician deems me HEALTHY and non-contagious, and medically clears me in writing to return to the Activity. I will provide a copy of that written clearance to McTeggart IDNT Activities before attempting to resume participation.

Assumption of the Risk and Waiver of Liability Relating to the Coronavirus/Covid-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact.

McTeggart IDNT has put in place preventative measures to reduce the spread of COVID-19; however, it cannot guarantee that you or members of your household will not become infected with COVID-19. Further, attending the Activity could increase the risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk of exposure to or infection by COVID-19 by entering the facilities of the Activity and/or participating in the Activity. Such exposure or infection may result in personal injury, illness, permanent disability, and/or death.

I understand that the risk of exposure to or infection by COVID-19 at the Activity may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Activity employees, volunteers, participants/competitors and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any illness and related injury to myself or a member of my household (including, but not limited to, personal injury, disability, or death), damage, loss, claim, liability, or expense, of any kind, that may be experienced or incurred in connection with attendance at the Activity by me or a member of my household.

I HEREBY ACKNOWLEDGE THAT I HAVE FULLY READ AND UNDERSTAND EACH OF THE ABOVE PROVISIONS. PRIOR TO SIGNING THIS DOCUMENT I HAD THE OPPORTUNITY TO CONSULT AN ATTORNEY. I AM AT LEAST 18 YEARS OF AGE AND FULLY COMPETENT TO EXECUTE THIS AGREEMENT AND DO SO VOLUNTARILY AND FOR ADEQUATE CONSIDERATION AND INTENDING TO BE FULLY BOUND HERETO.

NAME OF ATTENDEE: _____

SIGNATURE: _____

TODAY'S DATE: _____