

**2020 American Boxer Club Regional Cluster
Health Acknowledgement & Liability Waiver**

I _____ am aware of the potentials spread of COVID-19 that could result in severe illness and potential death. My presence at this event proves I voluntarily accept this risk and accept sole responsibility for any injury to myself or my children (including, but not limited to, illness, damage, loss, claim, liability, or expense of any kind) that may be experienced or incurred in connection with attendance at this event.

I understand that the risk of becoming exposed to or infected by COVID-19 at this event may result from the actions, omissions, or negligence of myself and others, including, but not limited to 2020 American Boxer Club Regional Cluster, show staff, employees, volunteers, participants, attendees, and their families. I hereby release, covenant not to sue, discharge, and hold 2020 American Boxer Club Regional Cluster, its agents, officers, directors, employees, volunteers, attendees, or other participants form any claims.

SOCIAL DISTANCING

I will, to the best of my ability, practice proper social distancing as recommend by the State of Ohio "Stay Safe" directives, as well as practice good hygiene (hand washing, use of hand sanitizer, wearing of a mask when required, etc.) and follow other health recommendations. I will not sit in groups closer than 6 feet and will practice social distancing at all times.

HEALTH REPORTING

- I have not experienced new or worsening symptoms of possible COVID-19 in the last 14 days, including cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, loss of taste or smell, diarrhea, feeling feverish or a temperature greater than 100°. I have not had close contact with a person symptomatic or confirmed to have COVID-19 in the last 14 days.
- I have not been diagnosed with COVID-19 within the last 14 days. If I have been infected by COVID-19 at any time, I have been medically released to return to normal activities.
- If I develop a fever and symptoms, such as a cough or difficulty breathing, or if I am diagnosed with COVID-19 within 14 days of this event, I will report this information to 2020 American Boxer Club Regional Cluster.
- Should symptoms develop during the event, I will report symptoms to 2020 American Boxer Club Regional Cluster /Show Management and immediately leave the event.

Signed: _____

Date: _____

If under 18, a parent or guardian must sign.

Parent/Guardian: _____

Date: _____

Phone Number: _____ Email: _____

Temperature at delivery of waiver: _____