

COVID-19 EVENT WAIVER
VIZSLA CLUB OF AMERICA, INC.
2020 NATIONALS
AUGUST 22 – 28, 2020

ALL ENTRANTS TO INTEGRITY SPORTS ARENA AND THE ESTES PARK EVENTS COMPLEX FOR ANY AND ALL OF THE VCA 2020 NATIONAL SPECIALTY AND COMPANION EVENTS HELD FROM AUGUST 22-28, 2020 (“THE EVENT”) MUST COMPLETE AND SIGN THIS COVID-19 EVENT WAIVER (“WAIVER”) BEFORE ENTRY INTO THE EVENT IS PERMITTED. THERE WILL BE NO EXCEPTIONS.

THIS IS FOR EXHIBITORS, OWNERS, HANDLERS, BREEDERS, ASSISTANTS, FAMILY MEMBERS, SPECTATORS, FRIENDS, VOLUTEERS, MINOR CHILDREN, COMMITTEE MEMBERS AND ANYONE ELSE WHO ENTERS THE ESTES PARK EVENTS COMPLEX DURING THE EVENT.

IF YOU ARE IN INTEGRITY SPORTS ARENA AND/OR THE ESTES PARK EVENTS COMPLEX THIS FORM MUST BE ON FILE.

My signature below confirms that I voluntarily attest, to the best of my knowledge, that at the time of signing this Waiver, I: (1) do not have COVID-19; and (2) have not been in contact with or exposed to any known carrier of COVID-19 within the past 14 days. I further attest that I am not currently displaying or feeling symptoms of COVID-19 (including, but not limited to, coughing, sneezing, elevated temperature, or any other symptom(s) that the United States Center for Disease Control has attributed to COVID-19).

My signature below confirms that I will follow all guidelines set in place by the Vizsla Club of America, Inc. (hereinafter “VCA”) throughout my attendance at the 2020 Nationals held at Integrity Sports Arena and the Estes Park Events Complex (hereinafter “The Event”). The guidelines to The Event are described in Exhibit A to this Waiver and is attached to and incorporated into this Waiver.

I fully acknowledge that an inherent risk of exposure to COVID-19 exists in any public or private place where people are present. I further acknowledge that I am attending The Event entirely at my own risk and take full responsibility for my own health and safety, and the health and safety of any minor children or adults for whom I am responsible at The Event.

I fully submit that VCA, its members, its Board of Directors, committee members, volunteers and/or workers at The Event, vendors, and any other individuals involved with conducting and organizing The Event shall not be held liable for any present or future COVID-19 exposure (including, but not limited to, any subsequent illness) incurred at any time by any person, in attendance or not in attendance at The Event, during or after The Event, and hereby waive all rights to bring any claims, charges, lawsuits or other legal actions against the VCA, its members, its Board of Directors, committee members,

volunteers and/or workers at The Event, vendors, and any other individuals involved with conducting and organizing The Event if I am exposed to or contract COVID-19.

By signing this Waiver, I hereby agree to the terms of this Waiver, including the guidelines provided in Exhibit A, and all other conditions that may be applicable at the time of The Event.

Signature

Signature of Parent or Legal Guardian
(For any minor child under your care at
The Event)

Print Name

Name of Minor Child

_____/_____/2020
Date

Name of Individual Signing Above
_____/_____, 2020
Date

For purposes of contact tracing, if necessary, please provide the following:

Home Address

Phone Number

City, State & Zip Code

Email Address

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**PLEASE PRINT & COMPLETE THIS FORM.
BRING THE ORIGINAL TO THE EVENT. IT MUST BE DATED NO MORE THAN 24
HOURS BEFORE YOU ARRIVE. YOU ARE RESPONSIBLE FOR COMPLETING
THIS FORM. FAILURE TO PROVIDE THE VCA WITH A FULLY EXECUTED
VERSION OF THIS FORM AT THE EVENT WILL PROHIBIT YOU FROM ATTENDING
THE EVENT. THERE WILL BE NO EXCEPTIONS.**