

**FLORIDA GULF COAST CLUSTERS, FLORIDA CLASSIC PARK,
AND SHOW GIVING CLUBS**

COVID 19 EVENT WAIVER JANUARY 14 THROUGH 24

BRING THIS FORM WITH YOU TO THE EVENT. DO NOT MAIL!!!

ANYONE WHO ATTENDS THESE DOG SHOWS MUST SIGN THIS FORM. PLEASE PRINT, HAVE SIGNED BY ALL PEOPLE ATTENDING WITH YOU. YOU MUST HAND IN THIS FORM TO GET YOUR WRIST BAND. THE WRIST BAND GIVEN TO YOU MUST BE WORN AT ALL TIMES.

I fully attest to the best of my knowledge that I do not have COVID 19 at the time of attending this event or have NOT been in contact with or exposed to any known carrier of COVID 19 in the past 14 days. I agree that I am attending the Florida Gulf Coast Cluster shows entirely at my own risk and take full responsibility for my own health and safety during this event. I will follow all event rules, procedures, protocols, and guidelines to reduce any exposure and possibility of contracting or spreading the virus. I will also follow Federal, State, Hernando County guidelines in regard to COVID 19.

I fully submit that Florida Classic Park, Florida Gulf Coast Cluster, the show giving clubs and all other members, workers, and volunteers are in no way liable for any present or future COVID 19 exposure incurred at any time by any person in attendance during or after these events, and hereby waive all claims, demands, or any action whatsoever, directly or indirectly arising out of or related to COVID-19, while participating in any activity while in or around the premises or while using the facilities and the right to file a lawsuit against above if I am exposed to COVID 19.

By signing this waiver, I hereby agree to follow everything contained with this waiver and published in the Cluster's premium lists.

NO FORM ~ NO WRISTBAND ~ NO ENTRY TO PROPERTY ~ NO EXCEPTIONS

Date _____

Printed name

Signature

Printed name

Signature

(Please see the back of this sheet for additional space for more signatures)

I agree by signing this sheet that I agree with the statements on the reverse side. For those underage, please list the first names and the guardian can sign in their behalf.

Date _____

Printed name

Signature

Printed name

Signature

Printed name

Signature

Printed name

Signature

Printed name

Signature