

Dunleavy Boyle Academy / South Shore Irish Dance / Irish Cultural Center Championships Waiver Form

In consideration of being allowed to participate in the Irish Cultural Center Championships (hereinafter "ICCC") at the undersigned specifically acknowledges, appreciates, and agrees that:

1. Participation in this event includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. In particular, the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is highly contagious. The virus is believed to spread from person-to-person contact, in the air and/or by contact with contaminated surfaces and objects. People may be infected and show no symptoms and therefore spread the disease unknowingly. There is no known cure for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.
2. The Dunleavy Boyle Academy of Irish Dance (hereinafter "DBA") / South Shore Irish Dance (hereinafter "SSID") / ICCC cannot prevent you [or your child(ren)] from becoming exposed to, contracting, or spreading COVID-19 while attending the ICCC. It is not possible to prevent the presence of the disease or its spread. Therefore, if you choose to attend the ICCC, you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
4. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. I certify that I will attest truthfully to any questions asked regarding myself/my dancer/family members regarding our potential exposure to COVID-19 and general health. I understand that, in accordance with CDC guidance, any potential participant or attendee who has tested positive for COVID-19 within the preceding 14 days; who has had close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19; who has been asked to quarantine by a medical professional or state guidelines, or who has/had symptoms of COVID-19 including (but not limited to) a fever over 100.4, sore throat, or cough, must not attend the ICCC and should consider contacting their health care provider. I certify that I have adhered to my state's travel guidelines.
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby forever release, hold harmless and waive my right to any causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of DBA/SSID/ICCC, or that may otherwise arise in any way in connection with any services received from DBA/SSID/ICCC and its owners, officers, directors, managers, volunteers, officials, trustees, agents, employees, or other representatives. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

- I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE .
- I HAVE CAREFULLY READ AND AGREE TO FOLLOW THE COVID GUIDELINES POSTED ON THE ICCC WEBSITE.

