



Waiver of Liability Form

ASSUMPTION OF RISK / WAIVER OF LIABILITY AGREEMENT

Relating to Coronavirus/COVID-19

In consideration of being allowed to participate in and attend the 2020 IDTANA Southern Region Oireachtas, the undersigned acknowledges, appreciates, and agrees that:

1. Travel to and from and participation in the 2020 IDTANA Southern Region Oireachtas poses a risk of possible exposure to and illness from infectious diseases including COVID-19. Although regulations, precautions and personal discipline may reduce risk of exposure to diseases, the risk of contracting or spreading serious illness does exist; and,
2. I knowingly, freely, and voluntarily assume all such risks, known and unknown, and I assume full responsibility for my participation in and attendance at the 2020 IDTANA Southern Region Oireachtas; and,
3. I agree that I will comply with both the stated customary terms and conditions for participation in and attendance at the 2020 IDTANA Southern Region Oireachtas, as well as municipal, county, state, federal, or other governing regulations with regard to protecting against infectious diseases. If I observe or am made aware of any hazard posing a risk to myself or others during my participation, I agree to remove myself and to alert the appropriate authority figure or official immediately; and,
4. I agree that I do not have any physical limitations, medical ailments, or other physical or mental disabilities that limit or prevent participation in or attendance at the 2020 IDTANA Southern Region Oireachtas, and, where appropriate, I have consulted medical or health professionals in order to obtain clearance to participate in the 2020 IDTANA Southern Region Oireachtas; and,
5. I affirm that I will refrain from participation in or attendance at the 2020 IDTANA Southern Region Oireachtas if I, or anyone with whom I have had contact in the fourteen (14) days prior to the event, has tested positive for COVID-19, or experience flu like symptoms including but not limited to fever, cough, shortness of breath, nausea or vomiting, headache, new loss of senses of taste or smell, congestion or runny nose, and that screening measures in place at the hotel or venue may preclude participation or attendance; and,
6. I, for myself and on behalf of my heirs, assigns, agents, personal representatives, and next of kin, hereby release and hold harmless IDTANA Southern Region, its officers, agents, employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of the premises ("releasees"), with respect to any illness, injury, disability, death, or loss or damage to personal property to the fullest extent permitted by law; and,
7. In the event that any provision contained within this agreement is deemed to be severable or invalid, or if any term, condition, phrase, or portion of this agreement is determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect so long as the severed clause does not affect the intent of the parties.

Initials:

I AFFIRM THAT I AM OF THE AGE OF 18 OR OLDER, HAVE READ THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND REGISTER FOR THE 2020 IDTANA SOUTHERN REGION OIREACHTAS FREELY, WILLFULLY, AND VOLUNTARILY WITHOUT ANY DURESS OR INDUCEMENT. IF THE PARTICIPANT IS UNDER THE AGE OF 18 OR OTHERWISE LEGALLY UNABLE TO CONSENT TO THIS AGREEMENT ON HIS OR HER OWN BEHALF, I CERTIFY THAT I AM THE LEGAL PARENT OR GUARDIAN OF THE PARTICIPANT AND DO HEREBY GIVE MY CONSENT TO THE FOREGOING ON BEHALF OF THE PARTICIPANT.

Name of participant: _____

Participant signature: _____

Irish Dance School: _____

Date signed: _____

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the providers and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the providers for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, even if arising from their negligence, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent/guardian signature: _____

Date signed: _____