

Germantown Country Dancers COVID-19 Liability Release Waiver

Date: \_\_\_\_\_

**Please read and check the boxes:**

I have been fully vaccinated with an FDA authorized COVID-19 vaccine (including Pfizer, Moderna, and J&J) for at least two weeks. If eligible for a COVID-19 booster for more than one month, I have also had a COVID-19 booster.

I have not experienced any symptoms such as fever, difficulty in breathing, or dry cough, nor have I been exhibiting any other symptoms related to COVID-19 or any communicable disease or had a positive test for COVID-19 within the last 10 days.

No one in my household has had a positive test for COVID-19 within the last 10 days.

The mask I am wearing today conforms to the Mask Requirement as stated in the GCD COVID Guidelines: Well-fitting (no gaps on side) N95, KN95, KN94 or surgical mask that covers nose and mouth. A cloth mask is allowed over a surgical mask.

I am aware of the physical risk from participation in the activity that the organization provides, and that this activity may cause illness such as COVID-19 that may lead to disability or death.

I am fully and personally responsible for my own safety and actions during my participation, and I recognize that I may be at risk for contracting COVID-19.

I hereby release the Organization, its board, callers, members, and the venue from any and all liabilities, claims, demands, or actions related to COVID-19. I agree to hold the Organization and venue harmless regarding any costs, damages, or lawsuits related to COVID-19.

I give consent to the organization to use my contact information for contact tracing, including leaving a detailed phone message.

By signing below I acknowledge that I have read, understood, and agreed to this Liability Release Waiver and that I am at least eighteen years old and I voluntarily accept the risks involved.

**If you test positive for COVID-19 within 3 days of attending our dance please let us know at [info@germantowncountrydancers.org](mailto:info@germantowncountrydancers.org).**

Please write legibly.

\*Required

\*Signature: \_\_\_\_\_ \*Print Name: \_\_\_\_\_

\*Email: \_\_\_\_\_ \*Phone: \_\_\_\_\_

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GCD verifier who has confirmed attendee is on our vaccinated list: \_\_\_\_\_