

Germantown Country Dancers COVID-19 Liability Release Waiver

Date: _____

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.

Please fill in all four entries and write legibly.

Signature: _____ Print Name: _____

Email: _____ Phone: _____