

## Sacramento Country Dance Society Release of Liability

By signing this document, I acknowledge that I understand and agree to the following:

- COVID-19 is a potentially serious contagious disease.
- SCDS cannot guarantee that I will not become infected with COVID-19.
- Risk of being exposed to COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SCDS dance organizers, board members, musicians and performers, callers, volunteers, and other dancers.

I voluntarily wish to attend this SCDS event and acknowledge that by doing so I may increase my risk of exposure to COVID-19, as well as other contagious illnesses, and/or injuries.

I know of no circumstances that might present risks to others or myself from my participation. In particular, **I agree that I will not attend dances if I am feeling at all sick.** If any such circumstances are known to me, but I nevertheless participate, I agree that I will bear full responsibility for any and all events resulting from this decision to participate.

I hereby release and agree to hold Sacramento Country Dance Society (SCDS) harmless from and waive, on behalf of myself, my heirs, and any personal representatives, any and all 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 action, or failure to act, of SCDS, or that may otherwise arise in any way in connection with attendance at this SCDS event.

I understand that this release discharges SCDS from any liability or claim that I, my heirs, or any personal representatives may have against SCDS with respect to COVID and any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, attendance at this SCDS event. This liability waiver and release extends to SCDS together with SCDS dance organizers, board members, musicians and performers, callers, volunteers, and other attendees.

**I CERTIFY** I am at least eighteen years of age and have carefully read, fully understand, and freely sign this **Release of Liability** form.

***If applicable, I CERTIFY*** that I am the adult parent or guardian of (print name or names) \_\_\_\_\_, a child or children under the age of eighteen years, and I further consent to his/her/their participation in SCDS activities, including the risks and agreements described above.

Name (printed): \_\_\_\_\_ Name (signed): \_\_\_\_\_

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