



Madison Scottish Country Dancers COVID-19 Liability Waiver

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies currently recommend social distancing, wearing a face mask, and have, in many locations, prohibited the congregation of groups of people. I understand that class policies will be set according to Center for Disease Control (CDC) and Dane County Public Health guidelines, and that they may change as community transmission levels change. **I agree to comply with these class policies, including those regarding masking, food consumption, etc.**

By signing this form I acknowledge that there is some risk to participation and will not hold liable the Madison Scottish Country Dancers nor any of its officers or teachers should I develop COVID 19.

The Madison Scottish Country Dancers (MSCD) has put in place preventative measures to reduce the spread of COVID-19; however, MSCD cannot guarantee that you will not become infected with COVID-19. Further, attending the MSCD class(es) could increase your risk of contracting COVID-19. By signing this agreement, **I agree that I will not attend/participate in any MSCD on-site programming if I show any of the following symptoms of COVID-19.** Symptoms may include, but not limited to:

- Fever and/or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

In addition, participants must agree not to attend if they have been in close contact with anyone who has experienced symptoms or tested positive for COVID-19.

If after attending a MSCD class/event you begin experiencing symptoms of COVID-19, you should get tested. If a positive result occurs and you or the local health department determines that exposure to other class attendees may have occurred, you must notify the Branch.

(OVER)

By signing below I acknowledge that I have been fully vaccinated *with booster* and I am providing proof of vaccination as defined by the CDC. (The Branch will record only that your vaccination status was checked and will not retain copies of any records.) Also, I have read the preceding Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; that I have been sufficiently informed of the risks involved and give my voluntary consent in signing as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

PARTICIPANT SIGNATURE

_____ DATE _____

PRINTED NAME _____

ADDRESS _____

PHONE NUMBER _____

EMAIL _____

Please hand this in or email completed form to madisonscottishcountrydancers@gmail.com

January 13, 2022