

**2021 Irish Water Spaniel Club of America National Specialty**  
**COVID-19 HEALTH ACKNOWLEDGMENT & LIABILITY WAIVER**

I am aware of the potential spread of COVID-19 that could result in severe illness and potential death. My presence at the 2021 Irish Water Spaniel Club of America National Specialty held at POSTOAK Lodge & Retreat in Tulsa, Oklahoma on May 3-7, 2021 ("Event"), proves I voluntarily accept this risk by attending the Event and accept sole responsibility for any injury to myself and on behalf of my family, spouse, estate, heirs, executors, administrators, assigns, and personal representatives, including, but not limited to, illness, damage, loss, claim, liability, or expense of any kind, that may be experienced or incurred in connection with my attendance at the Event.

I understand that the risk of being exposed to or infected by COVID-19 at the Event may result from the actions, omissions, or negligence of myself, and others, including, but not limited to, the Irish Water Spaniel Club of America, and/or its directors, officers, specialty committee, members, judges, volunteers, Event participants/attendees and their families. I hereby release, covenant not to sue, discharge and hold harmless the Irish Water Spaniel Club of America, and/or its directors, officers, specialty committee and members from any claim associated with allegedly being exposed to or infected by COVID-19 as a result of participating in Event activities and/or being on Event show grounds.

**EVENT SAFETY PROTOCOLS:**

- I have read, understand, and agree to comply with the 2021 Irish Water Spaniel Club of America National Specialty COVID-19 Event Safety Plan and POSTOAK Lodge & Retreat COVID-19 Safety Plan. I understand and agree that I may be disqualified from participating in the Event and required to leave the Event show grounds should I fail to do so.
- I will, to the best of my ability, practice proper social-distancing as recommended by health department directives, as well as practice good hygiene (hand washing, use of hand sanitizer, wearing of a mask if and when required, etc.) and follow other health directives ordered or suggested.

**HEALTH REPORTING:**

- I have not experienced new or worsening symptoms of possible COVID-19 in the last 14 days, including cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, loss of taste or smell, diarrhea, feeling feverish or a temperature greater than 100°F.
- I have not had close contact with a person symptomatic or confirmed to have COVID-19 in the last 14 days.
- I have not been diagnosed with COVID-19 within the last 14 days. If I have been infected by COVID-19 at any time, I have been medically released to return to normal activities.
- If I develop a fever and symptoms, such as a cough or difficulty breathing while at the Event, or if I am diagnosed with COVID-19 while at the Event, I will self-quarantine and immediately report this information to the *COVID-19 Point Of Contact*.

I fully understand and agree to the above terms.

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Name (PRINT)

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Emergency Contact Number

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Signature

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Date (No more than 24hrs before arrival)