

Country Dancing in Kalamazoo 2021-22

COVID-19 Safety Acknowledgment

I, _____ [print name], acknowledge that:

(1) Certain respiratory diseases can be spread through the air, including the common cold, influenza, and COVID-19;

(2) Even though all participants at Country Dancing in Kalamazoo (CDK) events warrant that they have been fully vaccinated against COVID-19, there is still a small risk that transmission of the virus could occur; and

(3) Hence CDK cannot completely guarantee that its attendees, volunteers, performers, or others in attendance will not contract COVID-19.

Assumption of Risk, Waiver

I assume any risk of contracting an infectious disease, such as COVID-19, that may be associated with my attendance at CDK events.

I hereby waive any claim against CDK (and its directors, officers, volunteers, performers) for any illness or loss that may arise from my participation in CDK events.

Statement of health status

I have been fully vaccinated against the COVID-19 virus.

If previously exposed to COVID-19, I have been cleared as non-contagious by my health care provider or by public health authorities.

Duty to Self-Monitor

I agree (1) to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath, among others), and (2) if I experience such symptoms within fourteen days after attending a CDK event, in addition to contacting my health care provider, I will also inform the CDK Board.

If, within the fourteen days preceding a CDK event, I have had symptoms associated with COVID-19, I will not attend that event.

If, within the fourteen days preceding a CDK event, I have traveled either internationally or to a community in the U.S. that is experiencing sustained community spread of COVID-19, I will not attend that event.

Please Print:

First and Last Name: _____

Email: _____ Contact phone: _____

Please Sign and Date:

Signature: _____ Date: _____