

GARDEN STATE FEIS, May 1 - May 2, 2021

**ASSUMPTION OF RISK AND WAIVER OF LIABILITY AGREEMENT FOR COMMUNICABLE DISEASES INCLUDING COVID-19.
TO BE SUBMITTED FOR ENTRY INTO THE FACILITY AT THE TIME OF ARRIVAL.**

In consideration of being allowed to participate in the 2021 Garden State Feis, the undersigned acknowledges and agrees that:

1. My participation and the participation of my dancer includes possible exposure to an illness from infectious diseases, including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness, injury, and death does exist despite precautions that are taken. If I have a preexisting health condition, exposure to COVID-19 or any other infectious disease may be more likely to cause serious illness, injury, or death.
2. As a condition of my and my dancer's participation in the Garden State Feis, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. I also acknowledge that refusal to comply with the stated terms and conditions may result in immediate removal from the Garden State Feis for both myself and my dancer with NO REFUND of fees. If at any time I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, SHALL RELEASE AND HOLD HARMLESS The Marie Moore School of Irish Dance, Marie Moore School Parent Association, Scotch Plains Italian American Club, and their sponsors, officers, officials, agents, volunteers and/or employees, other participants, sponsoring organizations, individual sponsors, advertisers, and if applicable, owners and lesser of premises ("RELEASEES"), used to conduct the Garden State Feis, or any events incidental to this activity, WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I state that I and/or my dancer have not experienced any of the following symptoms in the past 48 hours: fever 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 the past 14 days, I have not been in contact with anyone who has tested positive for COVID-19 or has symptoms consistent with COVID-19. I am not currently quarantining or isolating because I have been exposed or may have been exposed to a person with COVID-19 or am worried that I may have COVID-19. I am not awaiting the results of a COVID-19 test or received a positive COVID-19 test result in the past 14 days.
6. I consent to a temperature check for both myself and my dancer. If the temperature reading is above 100.4 entrance to the Garden State Feis will be denied with NO REFUND of fees. I have read all requirements for travel into the state of New Jersey as outlined on the New Jersey State website at <https://covid19.nj.gov/> and state that I am following all of these requirements for travel as outlined and instructed.

This agreement shall be governed by the laws of the State of New Jersey and any dispute involving this Agreement shall be brought in Union County, NJ.

I HAVE READ THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Name: _____ Phone #: _____

Participant Signature: _____ Date: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER 18) This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the RELEASEES and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the RELEASEES for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Parent / Guardian Name: _____ Phone #: _____

Parent / Guardian Signature: _____ Date: _____