

# WAIVER

Bernese Mountain Dog Club of South-Western Ontario

COVID Event Waiver – Draft Test – September 26, 2021

Notice: Anyone who attends this Draft Test Must Sign this form  
NO EXCEPTIONS

This is for Entrants, Judges, Committee Members  
If you are at the location of the Draft Dog Test this Form Must be filled out and on File with the Club.  
This Also includes Minor children under 18 years old.

I fully attest to the best of my knowledge that I do not have COVID-19 at the time of attending this Draft Test. I also attest that I have NOT been in contact with or exposed to any known carrier of COVID-19 within the past 14 days. I agree that I am attending this Draft Test entirely at my own risk and take full responsibility for my own health and safety during this event. I will follow the Bernese Mountain Dog Club of South-Western Ontario's rules, requirements, procedures, protocols, and guidelines to reduce any exposure or the possibility of contracting or spreading the virus.

- Yes  No Have you experienced any cold or fl u-like symptoms (fever, new or worsening cough, sore throat, chills, nausea, fatigue, shortness of breath, etc.)?
- Yes  No Have you travelled outside of Canada or been in close contact with someone who has travelled outside of Canada in the past 14 days?
- Yes  No Have you had close contact with a confirmed case of Covid-19 in the past 14 days?
- Yes  No Have you been tested for Covid-19 and are awaiting results?
- Yes  No Have you been advised by Ontario Public Health Services that you must self isolate?

If you answer "Yes" to any of the above questions, you will not be permitted on the show site.

I fully submit that the Bernese Mountain Dog Club of South-Western Ontario and Susan Wilkinson are in no way liable for any present or future COVID-19 exposure incurred at any time by any person in attendance or not in attendance during or after the Draft Test, and hereby waive all rights to file a lawsuit against the above if I am exposed to COVID-19.

By signing this Waiver, I hereby agree to and agree to following everything within this Waiver.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Parent/Guardian/Handler

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name of Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

**Print, Sign and present this Form upon arrival.  
No form, No access, No Test, No exceptions!**