

**WAIVER**

**Cornwall District Kennel Club**

Farran Park, 14704 County Road 2, Ingleside, ON K0C 1M0

**Covid-19 Event Waiver- Shows – September 2, 3, 4 & 5, 2021**

**Notice: Anyone that Attends this Dog Show Must Sign this form  
No Exceptions**

This is for Exhibitors, Owners, Handlers, Breeders, Assistants,  
Family Members, Friends Etc.- If you are on the Grounds 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 show. 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 the Dog Show entirely at my own risk and take full responsibility for my own health and safety during this event. I will follow the Cornwall District Kennel Clubs rules, requirements, procedures, protocols and guidelines to reduce any exposure or the possibility of contracting or spreading the virus.

**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? – Have you experienced any cold or flu-like symptoms (fever, new or worsening cough, sore throat or shortness of breath) or been in close contact with anyone experiencing cold or flu-like symptoms in the last 14 days?**

I fully submit that the **Cornwall District Kennel Club, Farran Park, 14704 County Rd, Ingleside, ON K0C 1M0**, staff or volunteer's 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 this dog show, 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 both signer and Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor under 18yrs Signature

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Print, Sign and present this Form upon arrival to receive Access Wrist Band.  
No form, No access, No show, No exceptions!**