

**Assumption of the Risk and Waiver of Liability Relating to  
Coronavirus/COVID-19**

The Novel Coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, Federal, Provincial and Local governments and Federal / Provincial health agencies recommend social distancing and have, in many locations, imposed restrictions on the congregation of groups of people.

The **Alberta Shetland Sheepdog & Collie Association/Canadian Shetland Sheepdog Association/Collie Club of Canada** (ASSCA/CSSA/CCC) and **Wet Noses Inc.** have put in place preventative measures to reduce the spread of COVID-19; however, ASSCA/CSSA/CCC/Wet Noses cannot guarantee that you or your guests or children will not become infected with COVID-19. Further, attending an outdoor conformation event could increase your risk and the risk of your guests and your children’s risk of contracting COVID-19.

**BY SIGNING THIS AGREEMENT**, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I, my guests, and/or my children may be exposed to or infected by COVID-19 by attending the ASSCA/CSSA/CCC conformation specialty at Wet Noses and that each exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the ASSCA/CSSA/CCC conformation specialty may result from the actions, omissions, or negligence of myself and others, including, but not limited to, ASSCA/CSSA/CCC members, Wet Noses staff, volunteers, judges, show participants and their families.

I voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury to my children myself, or any guests (including, but not limited to, personal injury, disability and death), illness, damage, loss, claim, liability, or expense of any kind, that I, my guests or my children may experience or incur in connection with my attendance at the ASSCA/CSSA/CCC conformation specialty at Wet Noses. On my behalf and on behalf of my guests and children, I hereby release, covenant not to sue, discharge, and hold harmless ASSCA/CSSA/CCC or Wet Noses Inc., its members, agents, representatives and volunteers, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes my Claims based on the actions, omissions or negligence of ASSCA/CSSA/CCC or Wet Noses Inc. its members, agents, representatives and volunteers, whether a COVID-19 infection occurs before, during or after participation in any ASSCA/CSSA/CCC conformation specialty at Wet Noses.

\_\_\_\_\_  
Name *(please print)*

\_\_\_\_\_  
Signature of exhibitor

\_\_\_\_\_  
Date

**THIS WAIVER MUST BE SIGNED AND COMPLETED ON LINE WITH YOUR ENTRY.  
IF MAILING IN YOUR ENTRY, IT MUST BE RETURNED WITH YOUR ENTRY.**