

**COVID 19 WAIVER**

Fort Garry Kennel Club Covid 19 Event Waiver  
Shows of July 16-17-18. 2021

Print, sign and enclose one copy of this form with your entry  
and present one copy of this form upon arrival to receive  
your Access Wrist Band.

No form, no access, no show, **NO EXEPTIONS!**

If you are on the grounds, this form **MUST** be filled out **EACH DAY** and on file with  
the Club. This also includes children under 18years of age.

\*I fully attest to the best of my knowledge that I do not have Covid-19 at the time of attending these shows. 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 these Dog Shows entirely at my own risk and take full responsibility for my own  
health and safety during this event.

\*I will follow the rules, requirements, procedures, protocols and guidelines to redunce any exposure or the  
passivity of contracting or spreading the virus.

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 **circle one**

Have you experiences 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?  
Yes/No **circle one**

Have you been in contact with someone waiting for a covid 19 result test? Yes/No  
**circle one**

I fully submit that the Fort Garry Kennel Club, Oakbank Community Club Staff and/or volunteers 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 the above and agree to follow everything within this  
Waiver

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

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

\_\_\_\_\_  
Date

Ph.# \_\_\_\_\_