



COVID-19 HEALTH ACKNOWLEDGMENT & LIABILITY WAIVER

I, _____, and my parent/guardian (if applicable) are aware of the potential spread of COVID-19 that could result in severe illness and potential death. My presence at the 2021 RCFA held in Hearne, TX (“Event”), proves I voluntarily accept this risk by attending the Event and accept sole responsibility for any injury to myself and on behalf of my family, spouse, estate, heirs, executors, administrators, assigns, and personal representatives, including, but not limited to, illness, damage, loss, claim, liability, or expense of any kind, that may be experienced or incurred in connection with my attendance at the Event.

I understand that the risk of being exposed to or infected by COVID-19 at the Event may result from the actions, omissions, or negligence of myself, and others, including, but not limited to, RCFA and/or its employees, officers, directors, representatives, agents, show staff, volunteers, Event participants/attendees and their families. I hereby release, covenant not to sue, discharge and hold harmless RCFA and/or its directors, officers, employees, representatives and agents from any claim associated with allegedly being exposed to or infected by COVID-19 as a result of participating in Event activities and/or being on Event show grounds.

HEALTH PROTOCOLS:

- I will, to the best of my ability, practice proper social-distancing as recommended by health department directives, practice good hygiene (hand washing, use of hand sanitizer), wear a mask at all times when on the fair grounds and follow other health directives ordered or suggested.
- Health screening will be conducted at entry point including temperature checks. Any person with a temperature over 100.0 will be denied access to the grounds.
- I have read, understand and agree to comply with the attached Health Protocols and understand and agree that I may be disqualified from participating in the Event and required to leave the Event show grounds should I fail to do so.

HEALTH REPORTING:

- I have not experienced new or worsening symptoms of possible COVID-19 in the last 14 days, including cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, loss of taste or smell, diarrhea, feeling feverish or a temperature greater than 100°F.
- I have not had close contact with a person symptomatic or confirmed to have COVID-19 in the last 14 days.
- I have not been diagnosed with COVID-19 within the last 14 days. If I have been infected by COVID-19 at any time, I have been medically released to return to normal activities.
- If I develop a fever and symptoms, such as a cough or difficulty breathing while at the Event, or if I am diagnosed with COVID-19 while at the Event, I will self-quarantine and immediately report this information to RCFA show management.

I fully understand and agree to the above terms.

Participant Signature

Date

Participant Name (PRINT)

Emergency Contact #

Parent/Guardian Signature of Participant (if under 18 years of age)

Date