

**THIS IS A RELEASE OF LIABILITY.
READ IT CAREFULLY AND COMPLETELY BEFORE SIGNING.
CORONAVIRUS/COVID-19
ACTIVITY PARTICIPATION ASSUMPTION OF RISK, RELEASE,
WAIVER, AND DISCHARGE**

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. It is believed that an asymptomatic individual can be infected with and transmit COVID-19 without their knowledge.

Spring Fling Quarter Horse Shows Inc. (SFQHS) has put in place preventative measures recommended by the State of New York to reduce the spread of COVID-19, however, SFQHS cannot guarantee that you, your child(ren), your spouse, or anyone else will not become exposed to or infected with COVID-19 as a result of participating in an SFQHS program, event, or activity. Participation in a SFQHS program, event or activity could increase the risk of contracting COVID-19.

NOW, THEREFORE, in consideration of being permitted to participate in programs, events and/or activities offered by SFQHS, I understand, acknowledge and agree to the following:
I have independently evaluated and reviewed the risks of being exposed to or infected with COVID-19 and have determined to participate in SFQHS programs, events, and/or activities with full knowledge and acceptance of the risk. Fully understanding these risks, I, for myself, my child(ren), my spouse, my legal representatives, heirs, and assigns, hereby agree to assume full responsibility and liability for the risk of bodily injury, illness, permanent disability, and/or death which may result from exposure to or infection with COVID-19 before, during, or after participating in a SFQHS program, event, or activity. I, for myself, my child(ren), my spouse, my legal representatives, heirs and assigns, hereby waive, release, and discharge SFQHS, its officials, employees, volunteers, attorneys, and agents from any and all liability to me, my child(ren), my spouse, my legal representatives, heirs, and assigns, for any and all losses or damages resulting from bodily injury, illness, permanent disability, and/or death, whether caused by negligence of SFQHS or its officials, employees, volunteers, attorneys, and agents or otherwise, which claims, losses, and demands arise during or result directly or indirectly from exposure to or infection with COVID-19 before, during, or after participating in a SFQHS program, event, or activity.

I also acknowledge that the State of New York and local health department issues guidelines and procedures, that will be enforced by the SFQHS and the Hamburg fairgrounds Showplex and that I agree to follow these guidelines and procedures.

Signature of participant or Parent/Guardian if a minor

Date

Print Name of Client or Parent/Guardian if a minor

Date

Address

Phone number

E-mail address