



## **ASSUMPTION OF THE RISK, WAIVER AND RELEASE OF LIABILITY RELATING TO COVID-19 & DAY OF COMPETITION CERTIFICATION**

FEDERATION OF UNITED STATES TEACHERS AND ADJUDICATORS OF HIGHLAND DANCING ("FUSTA") acting under the name of SCOTDANCE USA ("SDUSA") is sanctioning various Scottish Highland Dancing Competitions ("Competition"). FUSTA and SDUSA is an affiliate of the ROYAL SCOTTISH OFFICIAL BOARD OF HIGHLAND DANCE ("RSOBHD"). FUSTA, SDUSA and RSOBHD, their respective employees, agents, representatives, members of the boards of directors or officers are sometimes collectively referred to as "Releasees".

COVID-19 has been declared a worldwide pandemic by the World Health Organization, and is reported to be extremely contagious. The state of medical knowledge is still evolving, but the virus is believed to spread in three main ways:

- Breathing in air when close to an infected person who is exhaling small droplets and particles that contain the virus.
- Having these small droplets and particles that contain virus land on the eyes, nose, or mouth, especially through splashes and sprays like a cough or sneeze.
- Touching eyes, nose, or mouth with hands that have the virus on them.

People reportedly can be infected and show no symptoms and therefore spread the disease. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death. A COVID-19 vaccination is not a guarantee that you cannot be infected with COVID-19.

The Releasees cannot guarantee that you (or your child(ren)) will not become infected with COVID-19 as a result of attending any Competition. Further, attending a Competition could increase your risk (and your child(ren)'s risk) of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that (my child(ren) and I may be exposed to or infected by COVID-19 by attending a Competition and that such 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 a Competition may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Competition organizers, employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to me and/or (my child(ren)) including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I (or my child(ren)) may experience or incur in connection with my (child(ren)'s) attendance at a Competition or participation in a Competition ("Claims"). **ON MY BEHALF, (AND ON BEHALF OF MY CHILD(REN)), I HEREBY RELEASE, ACQUIT, DISCHARGE, COVENANT NOT TO**



**SUE AND HOLD HARMLESS THE RELEASEES 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 ANY CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE RELEASEES, WHETHER A COVID-19 INFECTION OCCURS BEFORE, DURING, OR AFTER PARTICIPATION IN ANY COMPETITION.**

**I UNDERSTAND THAT THIS RELEASE DISCHARGES THE RELEASEES FROM ANY LIABILITY OR CLAIM THAT I, MY HEIRS, OR ANY PERSONAL REPRESENTATIVES MAY HAVE AGAINST RELEASEES WITH RESPECT TO ANY BODILY INJURY, ILLNESS, DEATH, MEDICAL TREATMENT, OR PROPERTY DAMAGE THAT MAY ARISE FROM, OR IN CONNECTION TO, PARTICIPATION IN A COMPETITION BY ME (OR MY CHILD(REN)) EITHER NOW KNOWN OR UNKNOWN NOW OR IN THE FUTURE ARISING OUT OF OR RELATED TO ANY COMPETITION.**

I also certify on my behalf and on behalf of my child(ren), if applicable, as follows:

- I am not experiencing any new or worsening symptom of illness that are not attributable to any underlying medical condition such as nausea, vomiting, diarrhea, cough, shortness of breath or difficulty breathing, runny nose, fever, chills, repeated shaking with chills, muscle pain, fatigue, headache, sore throat, or loss of taste or smell.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19 in the past 14 days.
- I have not been diagnosed with Coronavirus/Covid-19 in the past 14 days.
- I have not been tested and I am not awaiting results.

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Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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Email

\_\_\_\_\_  
Phone

Names of all children in party if applicable:

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