



HALLOWEEN BASH SHOWCASE

COVID-19 LIABILITY RELEASE WAIVER

(PRO/AM, AMATEUR, JUNIOR AND PROFESSIONAL)

In consideration of my participation in the foregoing, the undersigned acknowledge and agree to the following:

____ I am aware of the existence of the risk on my physical appearance to the venue and my participation to the activity of the Halloween Bash Showcase that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 that may lead to paralysis or death.

____ I have not experienced symptoms that of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.

____ I have not, nor any member(s) of my household, traveled by sea or by air, internationally within the past 14 days.

____ I did not, or any member of my household, visit any area within the United States that was reported to be highly affected by COVID-19, in the last 14 days.

____ I have not been, nor any members of my household, diagnosed to be infected of COVID-19 virus within the last 30 days.

Following the pronouncements above I hereby declare the following:

____ I am fully and personally responsible for my own safety and actions while and during my participation and I recognize that I may be in any case be at risk of contracting COVID-19.

____ With full knowledge of the risks involved, I hereby release, waive, discharge Halloween Bash Showcase, its board, officers, independent contractors, affiliates, employees, representatives, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly and indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

____ I agree to indemnify, defend, and hold harmless Halloween Bash Showcase from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; that I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

EVERYONE desiring to attend this event *MUST sign this form.*

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR ENTRY FORMS

FULL NAME _____

PHONE NUMBER _____

DATE _____

SIGNATURE _____

PARENT/ADULT SIGNATURE (if participant is under 18) _____

The deadline for entries and ticket purchases will be **October 24th, 2021.**

Tickets available at the door for an *additional \$5.*

Submit entries via e-mail: contact@interclubdance.com

or mail to address: **7350 N. Milwaukee Ave., Niles, IL 60714**

Contact:

Aleksandar Bonev **773-996-6617**

Erwin and Iwona Rybczynski **847-600-0088**