

Waiver of Liability and Informed Consent

COVID-19 Waiver



Hereafter, WI-IL Agility Group Inc. will be referred to as WAG.

Hereafter, WI-IL Agility Group Training Center will be referred to as Site.

Hereafter, WI-IL Agility Group and WI-IL Agility Club of Spring Grove, IL will be referred to as Club.

· I attest that to the best of my knowledge, I do not have COVID - 19 at the time of attending this event or class, and understand the risks of unknowing exposure to any illnesses by or to myself, my family, other participants, and third parties. I have not been tested and found positive; am not waiting for test results; and do not have symptoms. I agree that I will not knowingly expose others to any illness I may have or be at risk to have. I will follow all WAG policies to reduce any exposure and possibility of contracting or spreading the virus. I will also fully cooperate with and follow any City, County or State/Province guidelines that have jurisdiction in the area in which the event is taking place. If any of the above should change prior to my arrival to WAG or during the completion of an event or class that is the subject of this consent, I will inform WAG and proceed accordingly in light of the new information.

· I agree that I am attending this WAG event or class entirely at my own risk and assume all risk and full responsibility for my own health, wellbeing, and safety during this event or class. I fully agree that WAG, the owners/board members, employees, assistants and volunteers are in no way liable for any present or future illness exposure incurred at any time by any person, in attendance or not in attendance, during or after this event or class. I hereby waive and release WAG, the Site and Club, the owners/board members, employees, assistants, and volunteers from any and all liability for damages or personal injury to me, my dogs or my property.

I INDEMNIFY and HOLD HARMLESS WAG, the Site and Club, the owners/board members, employees, assistants and volunteers from any and all liabilities or claims made as a result of my participation.

If I, or anyone for whom I am financially responsible, require medical treatment as a result of my participation I agree to be financially responsible for all costs incurred as a result of such treatment.

I CERTIFY THAT I HAVE READ THIS DOCUMENT; AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Signature

Date Signed

Name (printed)