



COVID-19 WAIVER

ASHEVILLE KENNEL CLUB, INC. & BLUE RIDGE CAVALIER KING CHARLES SPANIEL CLUB, INC. ~ APRIL 10 - 11, 2021

ENTRY TO THE WESTERN NORTH CAROLINA AGRICULTURAL CENTER GROUNDS WILL ONLY BE AVAILABLE THROUGH GATE 7. HAVE YOUR WAIVER COMPLETED TO HAND IN TO THE GATE PERSONNEL AT GATE 7 IN ORDER TO RECEIVE YOUR WRISTBAND.

NOTICE: ANYONE WHO ATTENDS THESE SHOWS MUST SIGN THIS FORM EACH DAY - NO EXCEPTIONS

THIS IS FOR EXHIBITORS, JUDGES, OWNERS, HANDLERS, BREEDERS, ASSISTANTS, FAMILY MEMBERS, FRIENDS, ETC. IF YOU ARE ON THE GROUNDS THIS FORM MUST BE ON FILE. THIS ALSO INCLUDES MINOR CHILDREN UNDER 18 YEARS OF AGE.

I fully attest to the best of my knowledge that I do not have COVID-19 at the time of attending this event. I also attest that I have NOT been in contact with or exposed to any known carrier of COVID-19 within the past 14 days. I agree that I am attending the Asheville Kennel Club, Inc. dog shows entirely at my own risk and take full responsibility for my own health and safety during these events. I will follow all rules, requirements, procedures, protocols and guidelines of the American Kennel Club, Inc. (AKC), the Asheville Kennel Club, Inc. and all AKC dog clubs participating in these shows, to reduce any exposure and possibility of contracting or spreading the virus. I will follow CDC, Federal, State of North Carolina, Counties of Buncombe & Henderson and WNC Agricultural Center guidelines regarding COVID-19.

I fully submit, understand, agree and hold harmless the AKC, Asheville Kennel Club, Inc., all AKC dog clubs holding associated events, MB-F, all other contracted staff, contracted vendors, Western North Carolina Agricultural Center and their employees, and any workers or volunteers for any/all liability for any present or future COVID-19 exposure incurred at any time by any person, in attendance or not in attendance, during or after these events, and hereby waive all rights to file a lawsuit against any or all of the above if I am exposed to COVID-19. By signing this waiver below, I hereby consent to and agree to follow everything contained within this waiver.

Signature

Signature of Parent/Guardian/Handler

Print Name

Print Name of both Signer and Minor

Date

Minor Child under 18 Yrs. Signature

**PLEASE PRINT, FILL OUT & BRING THIS FORM WITH YOU.
YOU MUST HAND IN THE FORM TO GET YOUR WRISTBAND
NO FORM --- NO WRISTBAND --- NO SHOW --- NO EXCEPTIONS
You will be asked to leave if you are not wearing your wristband.**

