

AGREEMENT AND HOLD HARMLESS WAIVER

Skandia Folkdance Society

It is my wish to participate in the in-person activities offered by Skandia Folkdance Society (aka Skandia). In order for Skandia to host me in these activities, I represent and agree as follows:

1. I acknowledge the contagious nature of COVID-19* and others contagious diseases and viruses and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending and participating in these activities.
2. *I am or will be fully vaccinated against COVID-19 by the time the attended event begins. Skandia will abide by the then current Center for Disease Control (CDC) definitions and recommendations regarding vaccines and boosters.*
3. I agree that I will not attend any event if I have had close contact with a person who may have had COVID-19 in the 5 days preceding the event, or if a medical professional has told me to self-monitor, isolate, or quarantine because of concerns about a COVID-19 infection in the 5 days preceding the event, or if I am experiencing any COVID-19 symptoms that are not caused by another condition. These include fever, chills, cough, shortness of breath fatigue, sore throat, muscle aches, loss of sense of smell or taste, nausea or vomiting, or diarrhea.
4. *I agree that I will not attend any event if I have been notified by a Public Health department exposure notification program that I have been exposed to COVID-19 within the 5 days preceding an event I wish to attend, unless I obtain a negative test result of infection from a medical test within 2 days of the desired event.*
5. I agree that I shall notify the Skandia Board as soon as possible via the information line phone number ((425) 954-5262) if, within 14 days following the attending an event, I experience any COVID-19 symptoms (as noted in 3. above) or test positive for COVID-19.
6. *I will abide by any additional safety rules posted or announced at an event site or via Skandia publications*
7. I am aware of Skandia's best efforts to limit exposure by requiring vaccination prior to attendance. Further, I am aware that surfaces at the facilities are regularly cleaned, that Skandia is providing hand sanitizer and masks for participants, if so desired, and that Skandia is attempting to maintain well-ventilated facilities for social dances and dance classes, and musical gatherings.
8. *Skandia will maintain knowledge of and adhere to the guidelines/mandates of the governments and facilities to which it is subject.*
9. Skandia will require proof of vaccination and booster date(s) and will record that information in its member database so that members do not have to always have proof of vaccination with them at the events. Record of signing this waiver will also be kept in the database.
10. *Skandia will gather contact information for both member and non-member attendees to facilitate contact tracing, should that be necessary.*

*For purposes of this Agreement, COVID-19 includes any and all variants of the disease.

I have read this Waiver and understand all its terms. I execute it voluntarily and with full knowledge of its significance. By signing below, I accept the terms and conditions of participation.

_____ Signature of Participant or Guardian	_____ Printed name	_____ Date signed
_____ Home Address	_____ City	_____ State
		_____ Zip code
_____ E-mail address	_____ Telephone number	