



CALGARY KENNEL AND OBEDIENCE CLUB

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INFORMED CONSENT

By signing this document, you understand and accept the risks associated with the Calgary Kennel and Obedience Club All Breed Dog Show

Please read carefully.

In consideration of permission, granted now or in the future by the Calgary Kennel and Obedience Club (CKOC) to participate in the All-Breed Dog show (Event)

I agree and acknowledge that:

I, _____ have met all the prerequisites required for participation in the Event and will abide by its rules and regulations.

1. Not following the rules and regulations will result in immediate removal from the event.
2. Participation in The Event has risks and hazards including risks associated with the Novel Coronavirus, COVID-19 and all VARIANTS associated with Covid-19. As a participant, I may suffer property damage, personal injury, and even death. I freely and voluntarily assume all the risks and hazards of participation, including any and all legal risks.
3. I waive any and all claims I may have against the Calgary Kennel and Obedience Club (CKOC), its members, executive, directors, volunteers or employees arising from my participation in the Event, however it may be caused, and I agree to indemnify and hold harmless the Calgary Kennel and Obedience Club (CKOC), its members, executive, directors, volunteers or employees from all claims arising from my participation in The Event.
4. **THIS RELEASE OF LIABILITY, DISCLAIMER and WAIVER OF CLAIMS, INCLUDING ANY AND ALL CLAIMS ASSOCIATED WITH THE NOVEL CORONAVIRUS, COVID-19, and/or ANY OF THE VARIANTS ASSOCIATED WITH COVID-19 ASSUME ALL RISK and INDEMNITY** and is binding on myself, my heirs, my executors, administrators, and personal representative.

DATED at Olds, Alberta, this _____ day of _____ 20_____.

Name of Participant – Please Print

Signature of Participant

The personal information collected by this form is obtained under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act (Alberta). The information will be used for the purpose of managing access to this Event. If you have any questions regarding the collection and use of this information, please see the Show Superintendent – Della Kyncl – CKOC

Daily Screening Questionnaire

All members, volunteers and exhibitors are required to fill out the below questionnaire to assist in determining your fitness to trial or show during the COVID-19 pandemic and to provide a safe environment for everyone.

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The questionnaire only relates to new symptoms or a worsening of symptoms, not related to allergies, chronic or pre-existing conditions.

Name: _____ Phone: _____

Date: _____ Signature: _____

TEMPERATURE:

1. Are you experiencing any of the following new or worsening symptoms?

Fever or Chills	Cough	Sore throat
Difficulty breathing	Body Aches	Diarrhea Nausea and/or vomiting.
Headache	Runny Nose	Extreme fatigue or tiredness
Loss of appetite	Painful Swallowing	Loss of sense of smell or taste

YES

NO

2. Have you traveled outside of Canada, including the United States, within the last 14 days?

YES

NO

3. Have you been identified as having or having close contact with someone with a COVID-positive test?

YES

NO

4. Have you been told to self-isolate by Public Health?

YES

NO

5. If an exhibitor answers YES to any question (including having just one symptom in question 1) or refuses to answer, they have not passed the health check and cannot enter the Official Show Grounds. Advise the exhibitor they must return home and seek medical advice or use the COVID-19 Symptom Self Assessment Tool.