**COVID WAIVER**

SHOWCASE AMERICA UNLIMITED (SCAU) STUDIO AND LAWRENCEBURG EVENTS CENTER have put in place preventative measures to reduce the spread of COVID-19; however, SCAU AND LAWRENCEBURG EVENTS CENTER cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending SCAU LAWRENCEBURG EVENTS CENTER could increase your risk and your child(ren)’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending SCAU LAWRENCEBURG EVENTS CENTER and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at LAWRENCEBURG EVENTS CENTER may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SCAU, LAWRENCEBURG EVENTS CENTER employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at or participation in SCAU AND LAWRENCEBURG EVENTS CENTER Events. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless SCAU, LAWRENCEBURG EVENTS CENTER their employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of SCAU, LAWRENCEBURG EVENTS CENTER , their employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any SCAU LAWRENCEBURG EVENTS CENTER program, class or event.

NAME OF TEAM OR SOLOIST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED PARENT/STUDIO DIRECTOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT OR STUDIO DIRECTOR

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DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_