

I _____ (print name), release and hold harmless Flying Irish, LLC, its owners and operators, staff and volunteers from any and all liability, claims, demands and causes of action whatsoever, arising out of or related to any loss, damage, injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Flying Irish, LLC.

By filling out this waiver, I consent and agree:

- That I am the parent/guardian of those who are listed on this form and am legally permitted to fill out this form on their behalf.
- I, and those who are listed on this form, are in good health.
- Those who are dancers, are permitted to participate in all activities including, but not limited to, Irish Dancing.
- All parties listed on this waiver must have their temperature taken prior to participating in the event, either as an attendee or a dancer.

I also confirm and agree that I and all those who are listed on this waiver:

- Are not exhibiting any symptoms of COVID-19 or other communicable diseases, including but not limited to fever, cough or shortness of breath.
- Have not travelled to or have come from an area that has been highly impacted by COVID-19 within the past 14 days, or have a negative COVID test from the past 72 hours.
- Have not knowingly been exposed to any person(s) with COVID-19 within the past 14 days.
- If having a suspected or diagnosed/confirmed case of COVID-19, I agree to immediately notify Flying Irish, LLC.

Print Full Name: _____

Sign Name: _____

Attendee #2

Print Full Name: _____ Please Circle: Attendee Dancer

Attendee #3

Print Full Name: _____ Please Circle: Attendee Dancer

Attendee #4

Print Full Name: _____ Please Circle: Attendee Dancer

<p><i>For Use of Flying Irish event workers only – Temperature Check</i></p> <p>Attendee #1 (Parent/Guardian) Temperature: _____</p> <p>Attendee #2 Temperature: _____</p> <p>Attendee #3 Temperature: _____</p> <p>Attendee #4 Temperature: _____</p> <p>DANCE SCHOOL NAME: _____</p> <p><i>Worker Initials & Date:</i></p>
--