



## COVID-19 Waiver

This form **must** be completed by all attendees (including but not limited to exhibitors, vendors, judges, clerks, show staff, and volunteers) of CCA-AFC shows. This includes persons under 18 years old. Please submit this form to the COVID-19 screening officer upon arrival.

**Host Club:** \_\_\_\_\_

**Show Location:** \_\_\_\_\_

**Date of Show:** \_\_\_\_\_

I, \_\_\_\_\_, fully attest to the best of my knowledge that I do not have COVID-19 at the time of attending this show, nor do I have symptoms consistent with COVID-19. I fully attest that I have not been in contact with or exposed to any known carrier of COVID-19 within the past 14 days, nor have I been told to isolate or quarantine.

I fully attest to the best of my knowledge that any cats I have brought to the show do not have COVID-19 at the time of attending this show, nor do they have symptoms consistent with COVID-19, and have not been in contact with or exposed to any known carrier of COVID-19 within the past 14 days.

I understand that I am attending this CCA-AFC cat show entirely at my own risk and take full responsibility for my own health and safety during this event, as well as the health and safety of any cats I am bringing into the show hall, whether for the purposes of exhibitions or sales. I agree to follow the rules, requirements, policies and procedures of the host club and the Canadian Cat Association, as well as any federal, provincial, or local guidelines, in order to mitigate the possibility of infecting others or becoming infected. I fully submit that the Canadian Cat Association, the host club of this show, as well as its staff and volunteers are in no way liable for any present or future COVID-19 exposure occurred at any time by any person or cat in attendance or not in attendance, before, during, or after this event. I hereby waive all rights to file a lawsuit against the above if I or my cats are exposed to COVID-19. By signing this waiver, I hereby agree to adhere to everything within this waiver.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Phone number