



## MAYFLOWER PEMBROKE WELSH CORGI CLUB

### Covid-19 Waiver

*This is a Special Waiver relating to COVID-19 and will be required for anyone who attends and/or participates in the Club Specialty events which will take place between June 13-18, 2021. This form must be signed, dated, and presented prior to admission to the show. Both the Mayflower Pembroke Welsh Corgi Club and the various sites at which these events will occur will make every effort to provide a safe environment in conjunction with CDC, Federal, the State of Massachusetts, the Town of Boxborough, and the Boxboro Regency Hotel and Conference Center rules and guidelines to reduce the risk of spreading the virus.*

By signing this Waiver I acknowledge the following:

1. To the best of my knowledge I do not have COVID-19 at the time of attending this event(s) and that I have not been in contact or exposed to any known carrier of COVID-19 within the past 14 days.
2. I understand that by participating in or attending any event there is a possibility of exposure to COVID-19 which could result in illness or even death and I voluntarily assume all such risks and accept full responsibility for my own health and safety during these events.
3. I agree to follow all of the rules, requirements, procedures, protocols, and guidelines of the CDC, Federal Government, State of Massachusetts, Town of Boxborough, American Kennel Club, the Boxboro Regency Hotel and Conference Center, and the Mayflower Pembroke Welsh Corgi Club (MPWCC) as related to prevention of the spread of the COVID-19 virus. A copy of these rules will be available upon request.

I accept that neither the AKC, Mayflower Pembroke Welsh Corgi Club, the Rau Dog show staff, nor any of their contracted staff, employees or volunteers are in any way liable for a COVID-19 exposure incurred by me or any other person in attendance during these events. Therefore, I hereby waive all rights to file a lawsuit against any and all of the above if I am exposed to COVID-19 as a result of my attendance at any of these MWPC events.

I have read and understand all of the above and agree:

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(written signature)

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(please print name)

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(date)

**PLEASE HAND IN YOUR WAIVER AT THE CHECK-IN LOCATION IN ORDER TO RECEIVE YOUR WRISTBAND TO WEAR THROUGHOUT YOUR STAY.**