

Supplemental Waiver for COVID-19

I attest that to the best of my knowledge, I do not have COVID-19 at the time of attending this event, or series of events, and understand the risks of unknowing exposure to this and other illnesses by or to myself, my family, other participants, and third parties. I have not been tested and found positive; am not waiting for test results; and do not have symptoms. I agree that I will not knowingly expose others to any illness I may have or be at risk to have. I will follow all state and local guidelines to reduce any exposure and possibility of contracting or spreading the virus.

I agree that IDTC and its members are in no way liable for any present or future COVID-19 exposure incurred at any time by any person, during or after the event(s). I hereby waive and release IDTC and its members from any and all liability for damages due to COVID-19 to me or any other person. Further, I hereby indemnify and hold harmless IDTC and its members from any and all claims by or liability to any third party arising out of my participation in the event(s).

Printed name

Signature of instructor

Signature

Signature of assistant

Date signed