

Mostly Waltz
COVID-19 Liability Release Waiver
And Vaccination Record

I recognize that there are inherent COVID-19 risks associated with attending a Mostly Waltz dance event and acknowledge the contagious nature of COVID-19, a disease that may lead to illness, disability or death.

I assume full responsibility for personal illness, injury or death to myself and (if applicable) to my family members in any way related to COVID-19, and further release and discharge Waltz Project, Inc. and Congregation Beth El-Ner Tamid, their officers, directors, employees, agents and representatives of any kind, for any COVID-19-related injury, loss, death or damage arising out of or incident in any way to my or my family's attendance at a Mostly Waltz event.

I consent to the use by the Waltz Project, Inc. of my contact information for contact tracing.

If any provision of this Assumption of the Risk and Release is found to be ambiguous, the ambiguity shall not be construed strictly against any party, but shall instead be construed fairly and plainly according to its terms.

By signing below, I acknowledge that I have read, understood and agreed to the above terms, that I am at least eighteen (18) years of age, and that I accept the risks involved.

Printed Name: _____ Phone number: _____

Email address (please print legibly): _____

Signed : _____ Date: _____

FOR MOSTLY WALTZ USE ONLY

COVID-19: Vaccinated? Boosted? Date of most recent shot? _____

Photo ID viewed? Yes **OR** No (known person) Mostly Waltz representative initials _____