

Raleigh-Durham Labrador Retriever Club ("RDLRC") COVID-19 Self-Declaration

If you will be at the NC State Fairgrounds – Holshouser Building for the Raleigh-Durham Labrador Retriever Specialty May 22-23, 2021, in any capacity, you must complete this Self-Declaration prior to admittance and bring it with you to gain entry and obtain your entry wrist band that you MUST wear each day and show on entering the facility.

THIS INCLUDES EXHIBITORS, OWNERS, HANDLERS, BREEDERS, ASSISTANTS, FAMILY, GUESTS, SUPERINTENDENTS, JUDGES, DELEGATES, STEWARDS, VENDORS, ANY PROVIDERS OF SERVICES AND THEIR STAFF AND VOLUNTEERS. THERE ARE NO EXCLUSIONS OR EXCEPTIONS.

I attest to the following:

1. Within the last 14 days, I have not experienced any of the symptoms related to COVID-19 nor have I taken medication to reduce fever during that time.

Common symptoms include fever, cough, runny nose, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, sore throat, nausea or vomiting, diarrhea and/or loss of sense of smell or taste. These symptoms do not include those attributed to another health condition that you normally experience. Review the list of COVID-19 symptoms here:

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

affirm: ___ Initials

2. Within the last 14 days, I have not tested positive for COVID-19.
affirm: ___ Initials
3. Within the last 14 days, I have not been in close contact (being within six feet of an infected individual for at least 10 minutes) with an individual who has tested positive for COVID-19.
affirm: ___ Initials
4. Within the last 14 days, Neither I nor anyone with whom I have been in close contact (being within six feet of an infected individual for at least 10 minutes) are waiting for results of a COVID-19 test.
affirm: ___ Initials
5. Within the last 14 days, I have not cared for someone showing symptoms of COVID-19.
affirm: ___ Initials
6. I am not under any self-quarantine orders.
affirm: ___ Initials
7. I have read the [Face Mask Policy](#) at the NCSF and understand that I will be required to wear a mask at all times while on the event grounds.
affirm: ___ Initials
8. I agree to fully comply with: (i) any health and safety protocols and mitigation measures implemented by the NSFG and/or AKC; and (ii) all local, state and federal requirements, each of (i) - (ii) as amended from time to time (collectively, the "AKC COVID-19 Attendee Protocols") while on the event grounds.
affirm: ___ Initials
9. I agree that if my health should change while attending the AKC events at the NC State Fairgrounds, I will immediately leave the event and facility and seek medical guidance.
affirm: ___ Initials
10. I agree that if I test positive for COVID-19 or am exposed to someone who has tested positive for COVID-19, I will notify the AKC promptly and will not reenter the NC State Fairgrounds.
affirm: ___ Initials

If you cannot affirm any of these of these statements, DO NOT come on to Event Grounds. All questions should be directed to covidquestions@akc.org.

If you will be at the NC State Fairgrounds and/or Holshouser Building for the Raleigh-Durham Labrador Retriever Club Specialty, May 21-23, 2021, in any capacity, you must complete prior to admittance and bring it with you to gain entry and obtain your entry wrist band that you MUST wear each day and show on entering the facility.

THIS INCLUDES EXHIBITORS, OWNERS, HANDLERS, BREEDERS, ASSISTANTS, FAMILY, GUESTS, SUPERINTENDENTS, JUDGES, DELEGATES, STEWARDS, VENDORS, ANY PROVIDERS OF SERVICES AND THEIR STAFF, AND VOLUNTEERS. THERE ARE NOEXCLUSIONS OR EXCEPTIONS.

I am fully aware of the risks involved with entering NC State Fairgrounds premises and facilities located at NCSF, Raleigh, NC as well as any transportation and/or hotel associated with the NCSF and/or American Kennel Club, Inc. ("AKC") (collectively, the "Facilities") during the COVID-19 pandemic (or with respect to any related or similar infection, which together are herein referred to as "COVID-19"). I am entering into this Waiver knowingly and on my own behalf.

As a condition of my being allowed to enter the Facilities, I will fully comply with: (i) any health and safety protocols and mitigation measures implemented by the FCSF and/or AKC; and (ii) all local, state and federal requirements, each of (i) - (ii) as amended from time to time (collectively, the "COVID-19 Protocols"). If I test positive for COVID-19 or am exposed to someone who has tested positive for COVID-19, I agree to notify the AKC promptly and before reentering the Facilities.

I acknowledge that the risks involved with entering the Facilities and being in the presence of other people during the COVID-19 pandemic include, but are not limited to, contracting COVID-19, respiratory failure, death, and transmitting COVID-19 to family or household members and others who may also suffer these effects. I further understand that compliance with the COVID-19 Protocols will not eliminate these risks, even with social distancing and other safety measures in place at the Facilities. Notwithstanding the foregoing, I elect to voluntarily participate in entering the Facilities with full knowledge that doing so may be hazardous to my health and those with whom I may come into contact.

I voluntarily assume full responsibility for any risks of loss or personal injury, including serious illness, injury or death, that may be sustained by me or by others who come into contact with me, as a result of my presence in the Facilities, whether caused by the negligence of the AKC or NCSF or otherwise. To the fullest extent permitted by law, I release, waive, forever discharge and covenant not to sue the AKC, NCSF, and any of the event-giving clubs their respective affiliates and each of the foregoing's respective administrators, members, officers, directors, employees, volunteers, sponsors, vendors, contractors, medical services providers, judges, superintendents or event secretary, and agents, (the "Releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, illness, or injury, including death, that may be sustained by me or by others who come into contact with me, whether caused by the negligence of the Releasees, other entities or individuals, or otherwise as a result of, or related to, my decision to enter the Facilities.

I UNDERSTAND THIS IS A RELEASE OF LIABILITY AND AGREE THAT IT IS VALID FOREVER. It is my express intent that this Waiver binds; (i) the members of my family and spouse, if I am alive, and (ii) my heirs, assigns and personal representatives, if I am deceased. I understand that this Waiver does not apply to any claim that, as a matter of law, cannot be released by private agreement. If any of the provisions, terms or clauses of this Waiver is declared illegal, unenforceable or ineffective in a legal forum, those provisions, terms and clauses shall be deemed severable, such that all other provisions, terms and clauses of this Waiver shall remain valid and binding upon both parties. I agree that any controversy or claim between me and any of the Releasees arising out of or relating to this Waiver or my presence at the Facilities during the COVID-19 pandemic shall be resolved by confidential, final and binding arbitration administered by the American Arbitration Association ("AAA") pursuant to the Federal Arbitration Act ("FAA"). All proceedings brought pursuant to this paragraph will proceed before a single arbitrator, who shall be an experienced arbitrator licensed to practice law in the State of North Carolina and be conducted in accordance with AAA's applicable rules. The parties agree that (i) any and all issues relating to arbitration or this arbitration clause, including, without limitation, the threshold question of arbitrability or the enforcement or validity of this arbitration clause, will be delegated to the arbitrator selected pursuant to this provision, (ii) the arbitrator will have the power to award any remedies, including, attorneys' fees and costs, available under applicable law, (iii) judgment upon the award that the arbitrator renders may be entered in any court having jurisdiction, and (iv) the arbitrator's award may be vacated or modified only on the grounds specified in the FAA or other applicable law.

I agree that all controversies and claims between me and any of the Releasees arising out of or relating to this Waiver or my presence at the Facilities during the COVID-19 pandemic must be pursued on an individual basis only. By signing this Waiver, I waive my right to commence, or be a party to any class actions or collective claims against the Releasees.

I agree that this Waiver shall be construed in accordance with the laws of the State of North Carolina without giving effect to any laws, rules or provisions that would cause the application of laws of any jurisdiction other than those of the State of North Carolina.

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| Name: | Address: |
| Date: | Phone: |
| Signature: (electronic signature not allowed) | |

FOR USE BY PARENT OR GUARDIAN OF MINOR: I represent that I am a parent (or guardian) of the minor who has signed this COVID-19 Self-Declaration. I have read the minor's responses to this COVID-19 Self-Declaration and hereby affirm that all answers are accurate.

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| Name: | Address: |
| Date: | Phone: |
| Signature: (electronic signature not allowed) | |