

Supersonic Contra Dance Weekend Waiver

MEDICAL, LIABILITY, AND PHOTO RELEASE

Legal Name of Participant: _____ Phone: _____

Email: _____

I, the participant listed in this document, do hereby choose to attend the Supersonic Contra Dance Weekend. I further acknowledge and understand that by participating, I am assuming all risk, including but not limited to physical injury or illness.

Furthermore, I acknowledge, understand, and agree that by attending Supersonic Contra Dance Weekend, there is a possibility that I will sustain an increased risk of contracting COVID-19 or other illnesses. I further hold Supersonic Contra Dance Weekend, Leif Erikson Lodge/Sons of Norway, and personnel, event talent, coordinators, and volunteers ("Supersonic Management") harmless against all damages, claims, liabilities, expenses, or judgments, including attorney's fees and court costs, arising out of attending the Supersonic Contra Dance Weekend.

Furthermore, to avoid placing others at risk, I agree not to attend Supersonic Contra Dance Weekend while feeling unwell or experiencing COVID-19 symptoms. I agree to remove myself from the weekend if I start to feel unwell and to contact Supersonic Management if I am unwell.

Furthermore, I agree to contact Supersonic Management (info@supersoniccontra.dance) if I test positive for COVID-19 within 1 week of Supersonic so others can be notified and take precautions. I will test myself after being contacted for potential exposure, and I will notify Supersonic Management if the results of my COVID-19 test are positive. All information will be confidential.

I understand that in the event of an injury or illness during Supersonic Contra Dance Weekend, if I am incapacitated or otherwise unable to make a decision regarding medical care, unless circumstances require immediate medical emergency care, there will be an attempt to notify the emergency contact at the phone number below prior to seeking medical treatment for me for such injury or illness. I hereby hold Supersonic Management harmless for their good faith decisions in seeking or not seeking medical care for injuries or illness that I may sustain during Supersonic. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on my behalf for physical illness or injury that I may sustain during Supersonic.

Furthermore, I acknowledge and understand that failure to observe the instructions of Supersonic Management can increase the risk of physical harm to myself or others. I understand that violation of any event or venue rules as laid out by Supersonic Management can result in dismissal from the event without a refund.

PHOTO/VIDEO RELEASE: I understand that photographs/video of event participants may be used by Supersonic Contra Dance Weekend in future online or print-media publicity. If I want to avoid being photographed, I accept responsibility to stay out of any area being photographed/filmed.

Emergency Contact Name

Emergency Contact Phone

Participant Signature of Agreement

Date