



**Milwaukee
Scottish Country Dancers**

COVID-19 LIABILITY WAIVER

Updated 6-23-2022

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend vaccination/boosters, social distancing, and the wearing of face masks when community levels of infection rise.

The Milwaukee Scottish Country Dancers (MkeSCD) has put in place preventative measures to reduce the spread of COVID-19; however, MkeSCD cannot guarantee that you will not become infected with COVID-19.

By signing this agreement, I agree to:

1. **Stay home if not feeling well.**
2. **Get tested** if experiencing any COVID symptoms and **contact us** if you have a positive result. MkeSCD will notify dancers if they've been exposed, however, individuals will not be identified.
3. **Wear a mask** when required by the MkeSCD mask policy (see below).
 - MkeSCD mask policy is directly linked to the CDC Community Levels for the three counties where most of our members reside: Milwaukee, Ozaukee, and Waukesha. Use this link to check levels in our area: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>. The policy will be in place for the highest level of any one of the three counties.
 - HIGH: Masks REQUIRED for dancing
 - MEDIUM: Masks RECOMMENDED for dancing
 - LOW: Masks OPTIONAL for dancing
 - Masks should be good fitting and cover the nose and mouth. N95, K95, and Kf94 masks offer the best aerosol protection.
 - Any dancer who feels more comfortable wearing a mask is encouraged to do so.

By signing this waiver, I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; that I have been sufficiently informed of the risks involved and give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation. This waiver will remain effective until CDC recommendations relevant to COVID-19 are lifted.

PARTICIPANT SIGNATURE:

_____ DATE: _____

PRINTED NAME:

Please hand this to a MkeSCD board member or email the completed form to SCD.mke@gmail.com