

CONFIRMATION OF VACCINATION STATUS AND RELEASE OF LIABILITY

I wish to attend an event (the "Event") conducted by COLORADO FRIENDS OF OLD TIME MUSIC AND DANCE ("CFOOTMAD") where exposure to Covid 19 or other communicable diseases may occur. I understand that, as a condition of my admission to the event, CFOOTMAD requires that I confirm that I am fully vaccinated against COVID 19, and requires that I release CFOOTMAD, and the BOULDER DANCE COALITION, Christ Church United Methodist the City and County of Denver, Department of Parks and Recreation, and any and all other owners of venues in which CFOOTMAD hosts events (collectively, "Landlords"), and their agents from any liability should I become ill as a result of my attendance.

1. **FULLY VACCINATED.** I represent to CFOOTMAD that I am fully vaccinated, meaning that it is at least two weeks since my receipt of the Johnson & Johnson vaccine, or two weeks since my receipt of my second dose of the Moderna or Pfizer vaccines, against Covid 19 ("**Fully Vaccinated**").

DOOR STAFF INITIAL HERE to confirm review of Vaccine Card and ID: _____.

2. **ACKNOWLEDGEMENT OF RISK.** I am aware of the highly contagious nature of bacterial and viral diseases including Covid-19, and related illnesses (collectively, the "**Disease**") and the risk that I may be exposed to or contract the Disease through participating in the Event. I understand that, while CFOOTMAD has implemented preventative measures designed to reduce the spread of the Disease, CFOOTMAD cannot guarantee that I will not become infected with the Disease while participating in the Event. My participation in the Event is voluntary and I assume all risks related thereto.

3. **LIMITATION ON ATTENDANCE.** I agree not to participate in the Event if I am experiencing symptoms of the Disease (such as cough, shortness of breath, or fever), have a confirmed or suspected case of the Disease, or have come in contact in the last 14 days with a person who has been confirmed to have or suspected of having the Disease.

4. **RELEASE.** To the maximum extent permitted by applicable laws, I hereby expressly waive and release any and all claims, now known or hereafter known, against CFOOTMAD, Landlords, and their officers, directors, managers, employees, agents, subcontractors, affiliates, members, event coordinators, volunteers, callers, musicians, successors, and assigns (collectively, "**Releasees**"), on account of injury, illness, disability, or death arising out of or attributable to engaging in the Event and being exposed to or contracting the Disease. I agree not to make or bring any such claim against CFOOTMAD, Landlords, or any other Releasee, and forever release and discharge CFOOTMAD, Landlords, and all other Releasees from liability for any such claims.

5. **INDEMNIFICATION.** I shall defend, indemnify, and hold harmless CFOOTMAD, Landlords, and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including reasonable attorney fees, fees, the costs of enforcing any right to indemnification under this Release, and the cost of pursuing any insurance providers, incurred by or awarded against CFOOTMAD, Landlords, or any other Releasees, arising out or resulting from any claim made by me in violation of this Release or by any third party related to the Disease due to my engaging in the Event.

6. **NOTICE.** I agree to inform CFOOTMAD if I am diagnosed with Covid-19 within fourteen days after my participation in the Event.

I hereby agree to all the terms set forth above:

Printed Name:

Signature:.....

Email:

Date:.....