

Harrisburg Area Contra Dance Association Covid Waiver
Participation Agreement, Waiver, Agreement Not to Sue, Assumption of Risk & Release of Liability for
Access to the Harrisburg Contra Dance at Silver Spring Presbyterian Church

Revised 4/1/2022

In consideration of being allowed to participate in Harrisburg Area Contra Dance Association (HACDA) dances and related events and activities, the undersigned acknowledges, appreciates, and agrees in the existence of COVID-19 and risk of serious illness or death and the fact that it is spread through person-to-person contact.

HACDA will provide hand sanitizer and encourage good hand hygiene. HACDA will also meet or exceed CDC and state of Pennsylvania Health Department guidelines.

I acknowledge the risk and voluntarily assume that risk. I also agree not to sue HACDA or Silver Spring Presbyterian Church if I am to contract Covid-19.

I have provided proof of my vaccination status and I am in compliance with the HACDA COVID-19 vaccination policy.

I agree that I will NOT access or use the facilities, NOR participate in HACDA programs **if I:**

1. Have been diagnosed (tested positive) with COVID-19 until such time as I am medically cleared to be in contact with others;
2. Have a fever, respiratory congestion, cough, or other symptoms of COVID-19 or a test pending for COVID-19;
3. Am under quarantine directed by a health care provider due to COVID- 19 concerns;
4. Have had contact with someone diagnosed with COVID-19 within the past 14 days until I am medically cleared to be in contact with others.

I agree that if I experience any symptoms of Covid-19, I will obtain a PCR test and immediately report any positive test(s) result(s) to HarrisburgContra@gmail.com so that contact tracing can be initiated.

I hereby certify that I have read this document and I understand its content.

Signature: _____

Print Name: _____

City: _____

Date: _____

Email: _____

Phone #: _____