

**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**

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 #: _____