

**IDTANA – NEW ENGLAND REGION, INC.**



**WAIVER/RELEASE FOR  
COMMUNICABLE DISEASES  
INCLUDING COVID-19**

**ASSUMPTION OF RISK/WAIVER OF  
LIABILITY/INDEMNIFICATION AGREEMENT**



**IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN AND ATTEND THE 2021 NEW ENGLAND REGION OIREACHTAS, THE UNDERSIGNED ACKNOWLEDGES, APPRECIATES, AND AGREES THAT:**

1. Travel to and from and participation in the 2021 New England Region Oireachtas poses a risk of possible exposure to and illness from infectious diseases including but not limited to COVID-19. Although regulations, precautions and personal discipline may reduce risk of exposure to diseases, the risk of contracting or spreading serious illness does exist. The undersigned participant and spectators acknowledge that participation in this event is voluntary. The undersigned participant and spectators KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for their own participation; and,
2. The undersigned participants and spectators agree that they will comply with both the stated customary terms and conditions for participation in and attendance at the 2021 New England Region Oireachtas, as well as municipal, county, state, federal, or other governing regulations with regard to protecting against infectious diseases. This may include but is not limited to the wearing of face masks and social distancing; and,
3. The undersigned participant and spectators agree that they do not have any physical limitations, medical ailments, or other physical or mental disabilities that limit or prevent participation in or attendance at the 2021 New England Region Oireachtas, and, where necessary, they have consulted medical or health professionals in order to obtain clearance to participate in the 2021 New England Region Oireachtas; and,

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4. The undersigned participant and spectators affirm that they will refrain from participation in or attendance at the 2021 New England Region Oireachtas if they, or anyone they have had direct contact with, have tested positive for COVID-19 in the 14 days prior to the event, or if they experience flu like symptoms including but not limited to fever, cough, shortness of breath, nausea or vomiting, headache, new loss of senses of taste or smell, congestion or runny nose; and
5. The undersigned participant and spectators understand and acknowledge that wearing a mask is required at the 2021 New England Region Oireachtas in all competition areas of the Connecticut Convention Center and the Hartford Marriott hotel. The undersigned participant and spectators will abide by this and any other public health related regulations and mandates which exist for Hartford county, the city of Hartford, and the state of Connecticut, as well as any requirements made by the 2021 New England Oireachtas Chairpeople, the Regional Director, and IDTANA, New England Region, Inc. The undersigned participant and spectators acknowledge and understand that refusal to wear a mask will result in the removal of participants and/or spectators from the event.
6. The undersigned participant and spectators for themselves and on behalf of their heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS IDTANA, New England Region, Inc., the 2021 New England Region Oireachtas chairpeople, the New England Region Executive Board, the Connecticut Convention Center and all of its employees, the Hartford Marriott and all of its employees, other participants, and if applicable, owners and lessors of premises used to conduct the event(s) ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.





7. THE UNDERSIGNED PARTICIPANT AND SPECTATORS HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

### **FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18)**

8. This is to certify that a parent/guardian, with legal responsibility for this participant, has read and explained the provisions in this waiver/release to the child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, the parent/guardian and the child/ward understand and accept these risks and responsibilities. The undersigned for themselves and their child/ward do consent and agree to his/her release provided above for all the providers and the undersigned and child/ward do release and agree to indemnify and hold harmless the providers for any and all liabilities incident to the minor child's/ward's presence or participation in these activities as provided above, even if arising from their negligence, to the fullest extent provided by law.

I AFFIRM THAT I AM OF THE AGE OF 18 OR OLDER, HAVE READ THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND HAVE REGISTERED FOR THE 2021 NEW ENGLAND REGION OIREACHTAS FREELY, WILLFULLY, AND VOLUNTARILY WITHOUT ANY DURESS OR INDUCEMENT. IF THE PARTICIPANT IS UNDER THE AGE OF 18 OR OTHERWISE LEGALLY UNABLE TO CONSENT TO THIS AGREEMENT ON HIS OR HER OWN BEHALF, I CERTIFY THAT I AM THE LEGAL PARENT OR GUARDIAN OF THE PARTICIPANT AND DO HEREBY GIVE MY CONSENT TO THE FOREGOING ON BEHALF OF THE PARTICIPANT.

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**PARTICIPANTS OF MINORITY AGE (UNDER AGE 18)**

Name of participant: \_\_\_\_\_  
*(dancer)*

**SPECTATOR #1**

Name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Date signed: \_\_\_\_\_

**SPECTATOR #2**

Name of spectator #2: \_\_\_\_\_

Signature of spectator #2: \_\_\_\_\_  
*(if under 18, signature of parent/guardian)*

Date signed: \_\_\_\_\_

**PARTICIPANTS OVER AGE 18**

Name of participant: \_\_\_\_\_  
*(dancer)*

Signature of participant: \_\_\_\_\_

Date signed: \_\_\_\_\_

**SPECTATOR #1**

Name of spectator #1: \_\_\_\_\_

Signature of spectator #1: \_\_\_\_\_  
*(if under 18, signature of parent/guardian)*

Date signed: \_\_\_\_\_

**SPECTATOR #2**

Name of spectator #2: \_\_\_\_\_

Signature of spectator #2: \_\_\_\_\_  
*(if under 18, signature of parent/guardian)*

Date signed: \_\_\_\_\_

