**All persons** attending the

**PSBTC & NWSBTC CHAMPIONSHIP SHOW on 14th of August 2021**

**at GOLDFIELS SHOW GROUNDS**

are required to complete and sign this disclaimer, which must be lodged with the organisers **ON ARRIVAL AT THE VENUE**. Admission will only be granted to persons who have completed and signed this document and submitted it to organisers on arrival at the venue.

**DISCLAIMER**

I, …………………………………………………………………………………………………………………………………………………………………………………..…….., declare that, to the best of my knowledge, I do not have COVID-19, and have not been in contact with any person suffering from COVID-19 during the last ten (10) days, nor have I experienced any COVID-19 symptoms in the past ten (10) days.

I understand and accept that all spectators, officials, handlers and dogs attend and compete at this event entirely at their own risk.

While all necessary precautions will be taken, neither the **Kennel Union of Southern Africa, nor the NWSBTC & PSBTC at Goldfields Show Grounds,** nor any of their officials or organisers, will be held responsible or liable for the safety and health of dogs, handlers, spectators or other attendees while present at the event, nor for any injuries, death, loss or damage arising from the event.

I have read and agree to abide by the [Official Government Regulation issued in respect of COVID-19](https://www.gov.za/coronavirus/alert-level-2) as well as the Safety Protocols published by the organisers and agree to adhere to all guidelines, including, but not limited to:

* Wearing a mask covering both nose and mouth at all times, except when running while handling a dog in competition.
* Observing social distancing by maintaining a distance of at least 1.5 metres between myself and others with whom I do not live, whenever feasible.
* Cleaning and sanitising my own equipment and area regularly.
* **Complying with any instructions issued by the COVID-19 Compliance Officers at this event.**

I further understand that right of admission is reserved and the organisers have the right to request that I leave the venue at any time, with which request I shall summarily comply.

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Full Name Contact Number

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Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address (important -please complete)**

If applicant is a minor – under 18 – legal guardian to sign & provide contact number and email address:

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Full Name of Guardian Contact Number/email of Guardian

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Signature of guardian Date

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| --- | --- | --- | --- | --- |
| Have you been outside of RSA in the past 7 days? | Y/N |  | TEMPERATUREas measured on arrival: | \* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Hands sanitised on arrival? |  \*Y/N |  |  Wearing cloth mask? |  \*Y/N |
|  |  |  |
| Blocks marked with  | \* | to be completed by Access Control Monitors |