

## WAIVER OF LIABILITY AGREEMENT – OIREACHTAS RINCE ULADH 2021

*In advance of attending Oireachtas Rince Uladh 2021, we require you to carefully consider the following agreement as your /your child's entry will be determined on the signing of same. This agreement is intended to cover situations pertaining to COVID-19. We require you to carefully consider the following agreement.*

**ACKNOWLEDGEMENT OF PANDEMIC:** I AM AWARE THAT THE WORLD HEALTH ORGANISATION AND OTHER GOVERNMENTAL AND HEALTH AUTHORITIES HAVE DECLARED COVID-19 A PANDEMIC. I AM AWARE THAT HEALTH MEASURES HAVE BEEN PUT IN PLACE AND I AGREE TO COMPLY WITH SAME AND THAT ANY INCREASED SOCIAL CONTACT DURING THIS PANDEMIC POSES AN INCREASED RISK OF TRANSMISSIONS WHICH COULD CAUSE INJURY, ILLNESS OR DEATH.

**CONFIRMATION OF HEALTH AND NON-TRAVEL:** I CONFIRM THAT I (OR ON BEHALF OF THE PARTICIPANT) AM IN GOOD HEALTH.

**ACKNOWLEDGEMENT AND VOLUNTARY ASSUMPTION OF RISK:** I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH ATTENDING THE OIREACHTAS AT THIS TIME AND I (OR ON BEHALF OF THE PARTICIPANT) FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, ILLNESS OR LOSS RESULTING THERE FROM. I AM AWARE THAT I (OR ON BEHALF OF THE PARTICIPANT) MAY REQUIRE FIRST AID, WHICH MAY REQUIRE 'HANDS-ON' CARE AND SOCIAL DISTANCING MAY NOT BE POSSIBLE IN THIS INSTANCE.

**WAIVER OF CLAIMS:** I AGREE TO WAIVE ANY AND ALL CLAIMS THAT I NOW OR IN THE FUTURE MAY HAVE AGAINST AN COMHAIRLE ULADH, ANY OF THEIR MEMBERS, EMPLOYEES, CONTRACTORS, ASSIGNS, AND/OR SUCCESSORS (THE "RELEASEES") AND TO RELEASE THE RELEASEES FROM ANY AND ALL LIABILITY FOR ANY INJURY, ILLNESS OR LOSS MAY SUFFER AS A RESULT OF ATTENDANCE AT OIREACHTAS RINCE ULADH 2021 DUE TO COVID-19. I AGREE THAT AN COMHAIRLE ULADH HAVE PUT IN PLACE ALL MEASURES TO NEGATE ANY RISK OF THE VIRUS BEING SPREAD AND/OR CONTRACTED DURING THIS TIME.

**INDEMNIFICATION:** I AGREE TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES FROM ANY AND ALL LIABILITY FOR ANY INJURY, ILLNESS OR LOSS TO FROM MY (OR THE PARTICIPANT'S) PARTICIPATION IN THE OIREACHTAS, AS THE CASE MAY BE, DUE TO COVID-19.

I CONFIRM THAT I HAVE READ AND THAT I UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT, BY SIGNING THIS AGREEMENT, I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I MAY HAVE AGAINST THE RELEASEES. I CONFIRM THAT I AM VOLUNTARILY SIGNING THIS AGREEMENT.

Name of participant (Dancer): \_\_\_\_\_ Date \_\_\_\_\_

Participant signature (Dancer to sign if over 18): \_\_\_\_\_ Date \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION:** This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against COVID-19. Furthermore, my child understands and accepts these risks and responsibilities particularly in relation to COVID-19. I for myself, my spouse, and child do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child do release and agree to indemnify and hold harmless the Releasees for any and all liabilities in relation to COVID-19 relating to my minor child's presence or participation in these activities as provided above post COVID-19.

Name of participant (Dancer): \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature (Parent/Guardian): \_\_\_\_\_ Date \_\_\_\_\_