



BELL COUNTY EXPO CENTER
COVID-19 Health Acknowledgement, Waiver and Release

I, as a participant (or the participant's parent/legal guardian), registered attendee, contractor, volunteer or event sponsor, am aware of the potential spread of COVID-19 that could result in severe illness and potential death. My presence at the event named below proves that I accept this risk and that I hereby agree to indemnify and hold the Bell County Expo Center, its officers, employees, directors and Bell County harmless from any liability for any injury, illness, death or property damage that may arise due to my participation in this event.

I will, to the best of my ability, practice social distancing as recommended by the State of Texas "Open Texas" directives, as well as practice good hygiene (hand washing, use of hand sanitizer, wearing of a mask if and when required, etc.) and follow health recommendations issued by the Texas Department of State Health Services and Centers for Disease Control and Prevention.

I will wear a face mask or face covering at all times. I will not gather in groups closer than 6 feet and will practice social distancing within the Bell County Expo Center and on its grounds and parking areas.

I have not experienced any symptoms of possible COVID-19 in the last 14 days, including cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, loss of taste or smell, diarrhea, feeling feverish or with a temperature greater than 99.9° Fahrenheit.

I have not had close contact with a person symptomatic or confirmed to have COVID-19 in the last 14 days. I have not been diagnosed with COVID-19 within the last 14 days. If I have been infected by COVID-19, I have been medically released to return to normal activities.

In the event that the participant is a minor (less than eighteen years of age for purposes of this Agreement), the undersigned, as the participant's parent or legal guardian, does hereby agree to the above on behalf of the participant and participant's heirs, executors, administrators, estate and assigns, and I evidence such agreement by signing below for the participant indicating our joint acceptance of these terms:

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_, 20\_\_\_\_

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_, 20\_\_\_\_

If participant is a minor:

Printed Name of Parent/Legal Guardian

Signature