



Wilson County Promotions, Inc.

945 E. Baddour Parkway
Lebanon, Tennessee 37087
615-443-2626

**2020 Wilson County Fair Livestock Shows
COVID-19 Announcement**

COVID-19 has changed the look and feel of livestock shows as we know it. We appreciate your patience and understanding as we navigate uncharted territories to have this year's Wilson County Fair Livestock Shows. Throughout the eleven-day event, please keep in mind our COVID-19 recommendations:

- **Any Person Showing Any Signs of Illness Should Stay Home:** If you have any symptoms of COVID-19, we ask that you refrain from attending the event.
- **Practice Social Distancing:** Keep at least six feet or one heifer length between you and other exhibitors if possible. Please remain in groups smaller than 10 at all times.
- **Participants Should Not Congregate:** At least six feet of distance must be maintained between people, including in the prep areas, at the gate and while in the show ring.
- **Wear Cloth Face Coverings:** In settings where it is difficult to maintain at least 6 feet of distance between people. Note that children under age two should NOT wear cloth face coverings because of the danger of suffocation.
- **Wash Your Hands Often:** Use soap and water for at least 20 seconds.
- **Limit Unnecessary Contact:** Avoid hugs, handshakes and touching your face if possible.
- **Cover Your Cough:** Cough or sneeze into a tissue and throw it away immediately.

We would also like to make you aware of the precautionary measures taken by our volunteers and staff. These include:

- Daily Temperature Checks and Symptom Monitoring
- Social Distancing
- Regular Sanitation of High-touch Surfaces

**WAIVER AND ASSUMPTION OF RISK
(PARENT OR GUARDIAN FOR MINORS)**

I, _____ (“Parent or Guardian of Participant”) enter into this agreement (“Agreement”) with Wilson County Promotions (“Organizer”) as a condition of _____’s (“Participant(s)”) participation in and/or attendance at the Wilson County Fair Livestock Shows (the “Event”).

WAIVER: I agree that the Organizer and its affiliates and each of their past, present and future members (direct and indirect), officials, officers, directors, employees, and agents, and each of their successors and assigns (hereinafter collectively referred to as “the Releasees”) shall not be responsible for any damage, loss, illness (including but not limited to COVID-19) or injury that Participant(s) may suffer in connection with the Event. I waive all rights and covenant not to sue any Releasee for any damage, loss, illness (including but not limited to COVID-19) or injury that Participant(s) may suffer in connection with the Event – whether caused by the negligence or improper conduct or Releasees, third parties, or otherwise.

ASSUMPTION OF RISK: I understand the inherent risk and danger of the Event and the potential for injury and disease transmission (including the transmission of COVID-19) that exists when participating in or attending the Event. I assume all risk of and responsibility for any injury, illness, death, property damage, or property loss that Participant(s) may suffer in connection with Participant(s)’s participation in and/or attendance at the Event – whether caused by the negligence or improper conduct of Releasees, third parties, or otherwise. If Participant(s) become ill or injured during the Event, Releasees shall not be liable for any consequences or Releasees’ medical treatment of Participant(s) become ill or injured during the Event, Releasees shall not be liable for any consequences or Releasees’ medical treatment of Participant(s) or Releasees’ decision(s) relating to Participant(s)’s medical treatment.

COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups over certain size limits. By attending or participating in this Event, you might increase the risk that you or your family members might contract COVID-19. You acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you or your family members may be exposed to or infected by COVID-19 through participation in this Event and that such exposure or infection may result in personal injury, illness, permanent disability and death.

AGREEMENT TO INDEMNIFY: I agree to indemnify and hold harmless the Releasees from and against any and all costs, expenses, damages, claims, lawsuits, judgements, settlements, losses, and/or liabilities (including attorney fees, consultant fees, animal sampling and testing costs, and court fees) suffered by the Releasees as a result of (1) any damage, loss, illness (including but not limited to COVID-19) or injury that Participant(s) may suffer in connection with the Event; (2) Participant(s) actual or alleged conduct in connection with the Event, including without limitation any violation of Organizer rules or regulations; or (3) Participant(s)’s actual or alleged contraction or transmission of COVID-19 in connection with the Event.

MISCELLANEOUS: This agreement is intended to be as broad and inclusive as is permitted by applicable law. If any portion thereof is held invalid, the balance will continue in full legal force and effect. This agreement is governed by and is to be construed in accordance with the laws of the State of Tennessee, without regard to conflict of laws principles. The state and federal courts for Wilson County, Tennessee will be the sole jurisdiction for all disputes.

REPRESENTATION: I have had a full opportunity to ask questions regarding the Event. I represent that Participant(s) is (are) in good physical condition, is (are) physically fit to participate in the Event, and has (have) no illness or medical condition that poses risk of harm or disability to Participant(s) or others.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. BY SIGNING THIS AGREEMENT, I AM WAIVING CERTAIN LEGAL RIGHTS.

I VOLUNTARILY SIGN THIS AGREEMENT AND AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT CONTRARY TO THIS WRITTEN AGREEMENT HAVE BEEN MADE.

I ACKNOWLEDGE THAT, IN THE EVENT OF MY DEATH OR INCAPACITY, THIS AGREEMENT WILL BE EFFECTIVE AND BINDING UPON MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES.

Printed Name of Parent(s)/Guardian(s)

Signature of Parent(s)/Guardian(s)

Date

**WAIVER AND ASSUMPTION OF RISK
(ADULT)**

I, _____ (“Participant”) enter into this agreement (“Agreement”) with Wilson County Promotions (“Organizer”) as a condition of my participation in and/or attendance at the Wilson County Fair Livestock Shows (the “Event”).

WAIVER: I agree that the Organizer and its affiliates and each of their past, present and future members (direct and indirect), officials, officers, directors, employees, and agents, and each of their successors and assigns (hereinafter collectively referred to as “the Releasees”) shall not be responsible for any damage, loss, illness (including but not limited to COVID-19) or injury that I may suffer in connection with the Event. I – for myself and my successors, heirs, and assigns – waive all rights and covenant not to sue any Releasee for any damage, loss, illness (including but not limited to COVID-19) or injury that I may suffer in connection with the Event – whether caused by the negligence or improper conduct or Releasees, third parties, or otherwise.

ASSUMPTION OF RISK: I understand the inherent risk and danger of the Event and the potential for injury and disease transmission (including the transmission of COVID-19) that exists when participating in or attending the Event. I assume all risk of and responsibility for any injury, illness, death, property damage, or property loss that I may suffer in connection with my participation in and/or attendance at the Event – whether caused by the negligence or improper conduct of Releasees, third parties, or otherwise. If I become ill or injured during the Event, Releasees shall not be liable for any consequences or Releasees’ medical treatment of me or Releasees’ decision(s) relating to my medical treatment.

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MISCELLANEOUS: This agreement is intended to be as broad and inclusive as is permitted by applicable law. If any portion thereof is held invalid, the balance will continue in full legal force and effect. This agreement is governed by and is to be construed in accordance with the laws of the State of Tennessee, without regard to conflict of laws principles. The state and federal courts for Wilson County, Tennessee will be the sole jurisdiction for all disputes.

REPRESENTATION: I have had a full opportunity to ask questions regarding the Event. I represent that I am in good physical condition, am physically fit to participate in and/or attend the Event, and have no illness or medical condition that poses risk of harm or disability to me or others.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. BY SIGNING THIS AGREEMENT, I AM WAIVING CERTAIN LEGAL RIGHTS.

I VOLUNTARILY SIGN THIS AGREEMENT AND AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT CONTRARY TO THIS WRITTEN AGREEMENT HAVE BEEN MADE.

I ACKNOWLEDGE THAT, IN THE EVENT OF MY DEATH OR INCAPACITY, THIS AGREEMENT WILL BE EFFECTIVE AND BINDING UPON MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES.

Printed Name of Participant

Signature of Participant

Date