

## COVID-19 – Declaration for Officials

Understanding that my registration and acceptance of this declaration does not in any way reduce or limit the responsibility of the WDSF DanceSport Event organizer with respect to the security measures according to the current COVID-19 Situation, I hereby make the following declaration:

I am fully aware and conscious of the dangers involved in participating at the WDSF DanceSport Event for which I am registered or registering for and of the dangers that may be caused by a COVID-19 infection. I have informed myself and I have read the documents (the documents can be downloaded by clicking on this link) provided by the WDSF and the Organiser concerning the risks and responsibilities when participating in the WDSF DanceSport Event for which I am registering. I know and accept that by participating in the WDSF DanceSport Event my life and physical safety could be endangered.

I acknowledge that it is up to me personally to assess my individual risks in participating at the WDSF DanceSport Event. I agree that I will immediately notify the organizer of any safety concerns I may have. By participating in the WDSF DanceSport Event, I agree that I am responsible for the choice of my own safety measures and the choice of the safety equipment that I use.

I understand and accept that I may be found personally liable to third parties for infections, if I intentionally and or by negligent do not respect the safety regulations of the WDSF, the local authorities and the organizer.

I shall hold the WDSF, the Organiser and its affiliates, and each entities' officials, employees and agents harmless from and against and all claims, damages, liabilities, costs and expenses (including reasonable attorney's fees) arising out of the realization or cancellation of the WDSF DanceSport Event.

This declaration is also binding on any relatives, personal representatives, heirs, successors, beneficiaries, next of kin or assigns who might pursue any legal action.

I have read the above COVID-19 – Declaration:

Yes/No: \_\_\_\_\_

Location Date Signature

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