



WAIVER COVID-19

<p>CLUB: _____</p> <p>_____ DATE: _____</p>

<p>NAME : _____</p> <p>EMAIL ADDRESS: _____</p> <p>CONTACT TELEPHONE NUMBER: _____</p>

- I agree to comply with the Dogs Tasmania and Government requirements relating to COVID-19.
- Club officials will instruct and control all handlers who must agree and follow the instructions.
- I acknowledge that the Tasmanian Canine Association Inc Public Liability Insurance Policy does not cover any claim relating to COVID-19.

I accept these terms and conditions.

Addendum by SOC Inc.

If friends/family members accompany you to the Club's grounds, then a Covid Waiver form must be filled out by each person

Signed _____