

JUNIOR SHOW COVID-19 CERTIFICATION

The Department of Agriculture is committed to following all public health guidelines, and the same will be required of all Event Participants and the family or friends who accompany them (hereinafter, "Guests"). All Participants and Guests must sign this COVID-19 Certification. Any Participant or Guest who will not agree to the terms of this Certification or does not sign it will not be permitted on the State Fairgrounds. One of these Certifications should be completed per vehicle.

Participant Name and Age: _____

Name of Participant's Legal Guardian (if applicable): _____

Number of Guests accompanying Participant: _____

Participant and Guests expressly acknowledge and agree to comply with the following:

1. The Department of Agriculture is a State agency, and mandated to comply with all Executive Orders and Phase instructions of the Restore Illinois phases, and these requirements are subject to change as public health and executive order guidance changes.
2. Participant and Guest will comply with all State and IDPH guidelines about facial coverings and social distancing.
3. Failure to comply with these guidelines is grounds for immediate removal from the event and the Fairgrounds, and law enforcement may be contacted to facilitate this removal.
4. Failure to comply with these guidelines is grounds for disqualification from the event, with no refund of entry or participation fees.
5. Participant and Guest agree to indemnify and hold harmless the State of Illinois and Illinois Department of Agriculture. Participant and Guest, for themselves and their employees, agents, and representatives, and their heirs, successors, assigns, executors and administrators, agrees to fully and forever release and discharge Department's officers, employees and agents, and their heirs, successors, assigns, executors and administrators, from any and all claims, demands, rights of action or causes of action, present or future, whether the same be known, unknown or anticipated, resulting from or arising in connection with the participant that is the subject of this agreement. Participant and Guest further agrees to assume all risk of loss and to indemnify and hold Department and its officers, employees and agents, harmless from and against any and all liabilities, demands, claims, suits, losses, damages, causes of action, fines or judgments, including cost, attorneys and witness fees, and expenses incident thereto, for injuries to persons, including death and mental anguish, and for loss of, damage to, or destruction of property, including property of Department, or any other injury, resulting from or arising out of any negligent or intentional act or omission of Participant and Guest or of any employee, agent or representative of Participant and Guest.

Participant and Guest further certify that the following are true. Providing false information is grounds for removal from the Fairgrounds and disqualification.

1. I have not tested positive for COVID-19 in the past 3 weeks.
2. I am not currently waiting on results from a COVID-19 test.
3. I have not experienced any other symptomology associated with COVID-19 (such as, but not limited to: fever, cough, difficulty breathing, loss of sense of smell or taste, fatigue) in the past 3 weeks.
4. I have not had prolong, direct contact with someone I know to have tested positive for COVID-19 in the past 3 weeks.

Participant and Guests sign and execute this Certification on the date set forth below. If Participant is a minor, this Certification should be signed by Participant's legal guardian on Participant's behalf.

PARTICIPANT

Signature and Date: _____

Printed Name: _____

On behalf of (as applicable): _____

GUEST 1

Signature and Date: _____

Printed Name and Birthdate: _____

Relationship to Participant: _____

GUEST 2

Signature and Date: _____

Printed Name and Birthdate: _____

Relationship to Participant: _____

GUEST 3

Signature and Date: _____

Printed Name and Birthdate: _____

Relationship to Participant: _____

GUEST 4

Signature and Date: _____

Printed Name and Birthdate: _____

Relationship to Participant: _____

GUEST 5

Signature and Date: _____

Printed Name and Birthdate: _____

Relationship to Participant: _____

GUEST 6

Signature and Date: _____

Printed Name and Birthdate: _____

Relationship to Participant: _____