

National American Miss Pageant COVID-19 Waiver, Release of Liability and Indemnity Agreement

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, federal, state and local governments have set recommendations, guidelines, and some prohibitions, which the National American Miss Pageant (NAM) Organization adheres to.

In consideration of my participation in the foregoing, the undersigned acknowledge and agree to the following:

_____ I am aware of the existence of the risk of my physical appearance to the venue and my participation to the activity of the NAM Pageant that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 that may lead to paralysis or death. On behalf of myself and/or my child and our heirs, successors, and assigns, I knowingly and freely assume all such risks, both known and unknown, relating to my and/or my child's entering the NAM event premises or using its services.

_____ I have not experienced symptoms that of fever, fatigue, difficulty in breathing, or dry cough, or exhibited any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.

_____ I have not, nor any members of my household, traveled internationally by sea or by air within the past 14 days.

_____ I have not been, nor any family members of my household, diagnosed to be infected of COVID-19 virus within the last 14 days.

_____ I have not had close contact with anyone in the last 14 days at home or in the community who has been confirmed to have COVID-19. Close contacts include people in your home, people outside of your home, or people who you take care of or who take care of you. It also includes people who were within six feet of you for more than 15 minutes while they were not wearing a face cover, or with whom you had contact with their body while you were not wearing a face cover or sufficient protective equipment.

_____ I give the waiver, release of liability, indemnity agreement, and other representations and covenants contained in this document to NAM as additional consideration for NAM allowing me and/or my child to enter the NAM event premises or use its services.

Following the pronouncements above I hereby declare the following:

_____ I am fully and personally responsible for my own or my child's safety and actions while and during my participation and I recognize that I may be at risk of contracting COVID-19.

_____ Having knowingly and freely assumed those risks, I hereby forever release, waive, relinquish, and discharge NAM, along with its officers, directors, managers, officials, trustees, agents, employees, or other representatives, and their successors and assigns from any and all claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen (collectively, "Damages"), as a result of me and/or my child entering NAM event premises or using its services as described above, including but not limited to those related to the above described personal injuries, death, disease, or property losses, or any other loss.

_____ I promise not to sue NAM and agree to indemnify and hold the NAM harmless from any and all Damages resulting from my and/or my child's entering NAM event premises or using its services during the COVID-19 pandemic.

By signing below, I acknowledge that I have read the foregoing Waiver, Release of Liability and Indemnity Agreement and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; that I have been sufficiently informed of the risks involved and give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

Printed Name: _____

Printed Name of Child if under 18: _____

Signature: _____

Date: _____

This form must be completed, signed, and turned in at your pageant check-in. You must submit a form for EVERY member of your party attending any NAM event or activity throughout the week.



Contestant's Name:

Age Division:

State Traveling From:

Cell Number: