

DARS COVID-19 Launch Release Form – (Print name(s), sign)

I, _____ and the members of my group (list at bottom of this form if applicable) affirm I/We have read and understood the DARS Covid-19 Launch Protocols and agree to abide by these protocols.

I/We also affirm that I/We are not ill, or exhibiting any Covid - 19 symptoms

I/We also affirm we have not knowingly been exposed to Covid -19 in or outside of Texas in the last 30 days.

I/We also understand that DARS is not to be held responsible or liable should I or any member of my party contract Covid - 19 or any other illness.

Should I/we exhibit Covid symptoms within 7 days from this launch I will notify DARS at “georgethemagician@gmail.com”

I/We understand that failure to observe and comply with these special DARS Covid - 19 Launch Protocols, or our standard DARS/NAR safety codes, will result in myself and my party being asked and required to leave the field.

Signature

Date

Phone Number

Email

Please bring this form to registration to obtain your wrist band(s).

Print names of additional members in your party, if applicable: