

Vax seen: \_\_\_\_\_ Sort: \_\_\_\_\_

-----<Please fill in the lines marked with an X below>-----

### CERTIFICATION OF VACCINATION AND RELEASE OF RESPONSIBILITY

*This document is a certification of the undersigned's Covid-19 vaccination, and a release of Lambertville Country Dancers, its Board of Directors, organizers, performers and volunteer helpers from any liability for Covid-19 illness, complications, or related issues.*

\_\_\_\_\_

In consideration of being allowed to participate in Lambertville Country Dancers dance events, the undersigned acknowledges, understands, and agrees:

That Covid-19 is a serious risk to health which can be spread from person to person at events such as this dance. I further acknowledge that although this risk may be greatly lowered by vaccination with appropriate vaccines, the risk is not completely eliminated.

I attest that I have been vaccinated with a US FDA approved Covid-19 vaccine, that I have received the recommended number of doses and that the required time period has elapsed following my last dose, to confer optimal immunity.

I agree to release Lambertville Country Dancers, its Board of Directors, organizers and any of its volunteer helpers (individually and/or collectively) from any responsibility for any Covid-19 related illness, complications, or related issues, that may befall me or others I come in contact with.

X. Print name: \_\_\_\_\_

X. Address: \_\_\_\_\_  
\_\_\_\_\_

X. Email and phone: \_\_\_\_\_

X. Date of last vaccination: \_\_\_\_\_

X. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

{for future use:}

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Date: \_\_\_\_\_ Initials: \_\_\_\_\_