



**Kentucky Farm Bureau Beef Expo**  
**March 5-7, 2021**  
**Kentucky Exposition Center**  
**COVID-19 Announcements & Waiver**

The response to COVID-19 has changed the look and feel of livestock shows across the country. We appreciate your patience and understanding as we navigate uncharted territories to have this year's Kentucky Farm Bureau Beef Expo. Please keep in mind these recommendations are to help prevent the spread of COVID-19 and other illnesses.

**PARTICIPANTS**

- Badges and/or wristbands will be required to gain access to the facility and must be worn at all times. Face masks/coverings will be required for everyone in attendance. This includes while showing in the show rings. Social distancing must be observed throughout the event including prep areas, at the gate and while in the show ring. Be sure groups are limited to less than 10 people at all times. Avoid unnecessary contact [handshakes, etc.] with other participants. Use sanitary methods when coughing or sneezing. Any person showing symptoms of COVID-19 or have been in contact with someone that has tested positive should refrain from participating in the events.
- Adherence to all established Governor Executive Orders will be required to participate.
- Participants will not be allowed to enter the facility unless they can attest (with a written, signed document) that they have not been to a state that has a COVID-19 positivity rate equal to or greater than 15% 14 days prior to the date of their scheduled arrival time or have quarantined for at least 10 days prior to arrival..
- Show times will be spaced out to clear up congestion in and around the make-up ring areas.
- All shows auctions will be live-streamed on the internet to help reduce the number of individuals attending the shows.
- Registration will take place on-line to help reduce contacts.

**CONTACT TRACING**

- Everyone entering the facility will be required to submit a signed Covid Waiver with a name and phone number as a part of the registration procedures.
- In the event of a positive COVID-19 test, individuals will be notified they may have come into contact with an individual with COVID-19 and they need to go to their local doctor or health department to get tested.

**CLEANING/HAND SANITIZER/HANDWASHING**

- Handwashing- sanitizing stations will be located near food vendors and the entrances/exits in all areas that have livestock. Wash your hands often using soap for at least 20 seconds.
- The Kentucky Exposition Center cleaning staff will clean and disinfect the event areas throughout each day of the event, with increasing frequency of cleaning high-touch areas.
- Restrooms occupancy will be limited, and restrooms will be frequently cleaned throughout the day.

**MISCELLANEOUS**

- Additional signage will be placed outside all public areas to designate capacity numbers.
- Floor decals will be placed around the property to encourage social distancing.
- Barriers will be erected in all areas where event transactions will be required to take place.

**WAIVER AND ASSUMPTION OF RISK  
(PARENT OR GUARDIAN FOR MINORS)**

I, \_\_\_\_\_ (“Parent or Guardian of Participant”) enter into this agreement (“Agreement”) with the Kentucky Farm Bureau / Kentucky Department of Agriculture (collectively, the “Organizer”) as a condition of \_\_\_\_\_’s (“Participant(s)”) participation in and/or attendance at the Kentucky Farm Bureau Beef Expo (the “Event”).

**WAIVER:** In consideration for allowing Participant(s) to attend and/or participate in the Event, I agree that the Organizer and its affiliates and each of their past, present and future members (direct and indirect), officials, officers, directors, employees, and agents, and each of their successors and assigns (hereinafter collectively referred to as the “Releasees”) shall not be responsible for any damage, loss, illness (including but not limited to COVID-19) or injury that Participant(s) may suffer in connection with the Event. I waive all rights and covenant not to sue any Releasee for any damage, loss, illness (including but not limited to COVID-19) or injury that Participant(s) may suffer in connection with the Event – whether caused by the negligence or improper conduct of the Releasees, third parties, or otherwise.

**ASSUMPTION OF RISK:** I understand the inherent risk and danger of the Event and the potential for injury and disease transmission (including the transmission of COVID-19) that exists when participating in or attending the Event. I assume all risk of and responsibility for any injury, illness, death, property damage, or property loss that Participant(s) may suffer in connection with Participant(s)’s participation in and/or attendance at the Event – whether caused by the negligence or improper conduct of Releasees, third parties, or otherwise. If Participant(s) become ill or injured during the Event, Releasees shall not be liable for any illness or injury, or any consequences of Releasees’ medical treatment of Participant(s) or Releasees’ decision(s) relating to Participant(s)’s medical treatment.

**COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups over certain size limits. By attending or participating in this Event, you might increase the risk that you or your family members might contract COVID-19. You acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you, your family members, or the Participant(s) may be exposed to or infected by COVID-19 through participation in this Event and that such exposure or infection may result in personal injury, illness, permanent disability and death.**

**AGREEMENT TO INDEMNIFY:** I agree to indemnify and hold harmless the Releasees from and against any and all costs, expenses, damages, claims, lawsuits, judgements, settlements, losses, and/or liabilities (including attorney fees, consultant fees, animal sampling and testing costs, costs, and court fees) suffered by the Releasees as a result of (1) any damage, loss, illness (including but not limited to COVID-19) or injury that Participant(s) may suffer in connection with the Event; (2) Participant(s) actual or alleged conduct in connection with the Event, including without limitation any violation of Organizer rules or regulations; or (3) Participant(s)’s actual or alleged contraction or transmission of COVID-19 in connection with the Event.

**MISCELLANEOUS:** This Agreement is intended to be as broad and inclusive as is permitted by applicable law. If any portion thereof is held invalid, the balance will continue in full legal force and effect. This Agreement is governed by and is to be construed in accordance with the laws of the Commonwealth of Kentucky, without regard to conflict of laws principles. The state and federal courts for Jefferson County, Kentucky will be the sole jurisdiction for all disputes, unless otherwise provided for by Kentucky law.

**NO WAIVER BY ORGANIZER:** This Agreement should not be construed to serve as a waiver of any right and/or defense by the Organizer.

**REPRESENTATION:** I have had a full opportunity to ask questions regarding the Event. I represent that Participant(s) is (are) in good physical condition, is (are) physically fit to participate in the Event, and has (have) no illness or medical condition that poses risk of harm or disability to Participant(s) or others.

**I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. BY SIGNING THIS AGREEMENT, I AM WAIVING CERTAIN LEGAL RIGHTS.**

**I VOLUNTARILY SIGN THIS AGREEMENT AND AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT CONTRARY TO THIS WRITTEN AGREEMENT HAVE BEEN MADE.**

**I ACKNOWLEDGE THAT, IN THE EVENT OF MY DEATH OR INCAPACITY, THIS AGREEMENT WILL BE EFFECTIVE AND BINDING UPON MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES.**

\_\_\_\_\_  
Printed Name of Parent(s)/Guardian(s)                      City, State                      Telephone Number

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)                      Date

**WAIVER AND ASSUMPTION OF RISK**

**(ADULT)**

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\_\_\_\_\_  
**Printed Name of Participant** **City, State** **Telephone Number**

\_\_\_\_\_  
**Signature of Participant** **Date**