



SHOW EXHIBITOR FORM

SHOW DETAILS

NAME OF SHOW:

DATE OF SHOW:

EXHIBITOR DETAILS

As a condition of participation with this show/event, I agree that I:

- a. must follow the approved COVID plan;
- b. have not been to a location declared as a Covid-19 hotspot in the 21 days prior to the competition
- c. will notify the event organiser immediately if any cold or flu symptoms are experienced, or of any potential exposure to COVID-19 (however remote) at the time of attendance to the competition.
- d. indemnify AAA from any loss incurred directly or indirectly as a result of COVID;

SIGNED

PRINT NAME

DATE