



PERFORMING ARTS EVENT DISCLOSURE FORM

Instructions: This form applies to live in-person performing arts and entertainment held in indoor venues with a capacity of 1,500+ and outdoor venues with a capacity of 2,500+. The owner/operator of the venue and/or the event organizer (“Responsible Party”) must fill out this form in its entirety. The Responsible Party must affirm that the event will abide by the New York State Guidelines that are in place on the event date by signing the Attestation at the end of this document. The completed form must be submitted to Warren County Public Health at least five (5) days in advance of the event by email to arts@warrencountyny.gov or fax to 518-761-6422. Please note: This form is required to be filed for each event, and this requirement is in addition to the venue’s obligation to file a Venue Safety Plan with Warren County Public Health. Please contact the County Administrator at 518-761-6539 with any question as to how to fulfill these requirements.

Name of Responsible Party: _____

Contact Information: _____

Name of Event: _____

Address at which Event is Taking Place: _____

Event Date & Time: _____

Estimated Event Duration: _____

Expected Number of Attendees: _____

Expected Number of Event Staff: _____

****This event must abide by all the guidelines promulgated by the State of New York in “Large Scale Performing Arts & Entertainment During the COVID-19 Public Health Emergency”:*

https://forward.ny.gov/system/files/documents/2021/04/large-performing-arts-master-guidance-04.07.21_0.pdf

ATTESTATION

I hereby affirm under penalty of perjury that the above information is true and complete to the best of my knowledge, and that the event listed will abide by the Guidance referenced above. I understand that all such attestations are subject to investigation and verification and that a material misstatement or fraud may result in penalties including the closure of the event facility by Warren County.

Signature of Responsible Party

Date