

National Society of the Sons of the American Revolution

Fall Leadership Conference

COVID-19 SAFETY ACKNOWLEDGEMENT – LIABILITY WAIVER AND RELEASE OF CLAIMS

COVID-19 SAFETY INFORMATION: I understand that COVID-19 (Coronavirus) is considered to be extremely contagious and can result in a range of symptoms, which include, but are not limited to, fever, shortness of breath, cough, fatigue, loss of taste or smell, and nausea or vomiting. These symptoms can be mild or severe, sometimes resulting in death. For additional information on the spread and effect of COVID-19 please visit:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

I acknowledge that COVID-19 is primarily spread by person-to-person contact. A person does not have to be showing signs of illness to spread this virus. I understand that the risk of person-to-person spread of the virus is increased by close physical contact and activities associated with touching items. I acknowledge that participation in the 2022 NSSAR Fall Leadership Conference and any related activities increases the risk of transmitting and/or contracting COVID-19.

Considering the ongoing spread of COVID-19, individuals who fall within any of the categories below should not participate in the 2022 NSSAR Fall Leadership Conference or any related activities. By registering to attend, I certify that I will not attend if I fall into any of the following categories:

1. Individuals who currently or within the past ten (10) days have experienced any symptoms associated with COVID-19, which include, but are not limited to, fever, cough, and shortness of breath;
2. Individuals who have traveled at any point in the past ten (10) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19;
3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment; or
4. Anyone who answers yes to the one or more of the following questions –

Have you experienced any of the following Center for Disease Control (CDC) recognized symptoms of the COVID-19 virus within the last 10 days? (Please respond with either yes or no to each symptom.)

Fever above 100 degrees ___ Yes ___ No

Cough ___ Yes ___ No

Shortness of breath ___ Yes ___ No

Chills ___ Yes ___ No

Repeated shaking with chills ___ Yes ___ No

Abnormal or unusual muscle pain ___ Yes ___ No

Sore throat ___ Yes ___ No

New loss of taste or smell ___ Yes ___ No

Within the past 10 days, have you tested positive for the COVID-19 virus? ___ Yes ___ No

Within the past 10 days, have you or anyone who lives with you either tested positive for the COVID-19 virus, or experienced one or more of the symptoms listed above? ___ Yes ___ No

Within the past 10 days, to the best of your knowledge, have you been in contact (within 6 feet) with anyone who has either tested positive for the COVID-19 virus or who has experienced any of the symptoms listed above? ___ Yes ___ No

INITIAL: _____

WAIVER AND RELEASE OF CLAIMS: By signing this Agreement, I acknowledge that I understand the risks related to COVID-19 and other communicable diseases and understand that the risk of contracting COVID-19 may be increased by participation in the 2022 NSSAR Fall Leadership Conference. By signing this Agreement, I hereby release and hold harmless and covenant not to file suit against NSSAR, any sponsors and their agents and employees, and all other persons or entities associated with this event from any loss, liability, or claims I may have arising out of my participation in this event. **This release specifically includes a release of any claims that I or someone else contracted COVID-19 while attending the 2022 NSSAR Fall Leadership Conference or any other claims related to COVID-19.** By signing this Agreement, I acknowledge that I have read the foregoing fully and understand the contents of the Waiver. I acknowledge the risks associated with participation in the 2022 NSSAR Fall Leadership Conference and the possible contraction of COVID-19.

I affirm that I will adhere to the health recommendations from the CDC and the Jefferson County, Kentucky Department of Health for the entire duration of the events at the NSSAR Fall Leadership Conference.

Name of Participant _____

Date signed: _____