

## WAIVER OF LIABILITY AND RELEASE

I acknowledge and agree, on my own behalf and on behalf of my personal representatives, heirs, assigns, executors, administrators, and next of kin, as follows:

1. I acknowledge that COVID-19 is a global pandemic and a public health risk. I am also aware that COVID-19 is highly contagious, and infection can cause serious health issues and/or death.
2. I am voluntarily traveling to and attending the AMERICAN CASE MANAGEMENT ASSOCIATION (“ACMA”) Minnesota Chapter Conference with full knowledge that I may contract COVID-19 while doing so. I am familiar with the Centers for Disease Control and Prevention (“CDC”) guidelines regarding COVID-19 and agree to abide by those guidelines and any additional requirements established by the City of Bloomington County of Hennepin, and State of Minnesota as well as requirements posted by ACMA as a condition for attending its 16<sup>th</sup> Annual Case Management and Transitions of Care Conference.
3. While rules and personal discipline may reduce the risk, I knowingly and freely assume all risks related to contracting COVID-19, even if arising from any negligence or fault of the American Case Management Association. I understand the potential for risk for serious illness or death as result of contracting COVID-19.

I am aware that I could become seriously ill or even die if I contract covid-19 while traveling to or attending the convention. I am voluntarily traveling to and attending the convention with knowledge of the danger involved and agree to assume any and all risks of bodily injury or death.

4. I hereby release and agree to indemnify, defend and hold harmless ACMA and its owners, officers, directors, agents, employees, clients and assigns (the “Releasees”) against any and all liability for any loss, damage, personal injury, expense, demand, or cause of action that I may suffer as a result of contracting COVID-19 while traveling to or attending the convention. This release and agreement shall be effective from the date of this Waiver forward. It is my express intent that this Waiver shall bind any of my assigns and representatives, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, and COVENANT NOT TO SUE the above-named Releasees. I ACKNOWLEDGE THAT THIS WAIVER WAS EXPRESSLY NEGOTIATED AND IS A MATERIAL INDUCEMENT TO THE PERMISSION GRANTED BY RELEASEES TO BE ON PREMISES AND ATTEND THE CONVENTION.
5. I certify that I will **not** attend the convention if I have exhibited symptoms of COVID-19 (including a fever of 100.4 degrees F or greater, cough, difficulty breathing, sore throat, or loss of taste or smell) within 14 days of the convention; if I have been counseled by a health care provider or government agency or department to self-isolate/quarantine within 14 days of the convention; and if I live in the same household with someone who has exhibited symptoms in the past 14 days or has been counseled to self-isolate/quarantine in the past 14 days. Finally, I certify that if I become symptomatic while traveling to or attending the convention, I will self-isolate and notify ACMA immediately.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT, THAT I AM AT LEAST EIGHTEEN (18) YEARS OF AGE, AND THAT I AM FULLY COMPETENT. I ACKNOWLEDGE THIS IS A RELEASE OF LIABILITY THAT WILL IMPACT MY LEGAL RIGHTS.

IN WITNESS WHEREOF, I have signed this Waiver and Release on \_\_\_\_\_, 2022.

PRINTED NAME: \_\_\_\_\_

I certify and acknowledge this *Waiver of Liability and Release*