WAIVER OF LIABILITY AND RELEASE

The American Planning Association – Illinois Chapter will be holding the 2022 APA-IL State Conference (State Conference) for three in-person days, September 28th, 29th, and 30th in Chicago, Illinois. The APA-IL desires to create as safe and inviting an atmosphere for attendees as possible and is instituting provisions to mitigate attendees' possible exposure to the SARS-CoV-2 virus, and its variants, that causes COVID-19. All attendees on September 28th, 29th and 30th are required to sign and include this Waiver of Liability and Release with their registration ahead of the State Conference. Attendees on September 28th, 29th, and 30th who register without including this Waiver of Liability and Release will be required to do so before being given entry to the State Conference. This Waiver of Liability and Release will be available for those attendees at the State Conference registration table. Failure to sign and file this Waiver of Liability and Release will result in you being denied entry to the State Conference on September 28th, 29th, and 30th and no refunds will be given. All attendees will be asked to present proof of vaccination or proof of a negative COVID-19 PCR test that is not more than 48-hours old.

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 Planning Association Illinois Chapter ("APA-IL") State 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 applicable city, county, and state, as well as requirements posted by APA-IL as a condition for attending its State 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 Planning Association Illinois Chapter (APA-IL). 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 State Conference. I am voluntarily traveling to and attending the conference 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 APA-IL and CGi, LLC, APA-IL's contracted conference planner and coordinator, including 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 State Conference. This release and agreement shall be effective from the date of this Waiver forward. It is my express intent that this Waiver of Liability and Release shall bind any of my assigns and representatives, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, and COVENANT NOT TO SUE the abovenamed Releasees. I ACKNOWLEDGE THAT THIS WAIVER LIABILITY AND RELEASE IS AN EXPRESS REQUIREMENT TO ALLOW ME TO ATTEND THE 2022 APA-IL STATE CONFERENCE AND IS A MATERIALINDUCEMENT TO THE PERMISSION GRANTED BY RELEASEES TO BE ON PREMISES AND ATTEND THE 2022 APA-IL STATE CONFERENCE.
- 5. I certify that I will <u>not</u> attend the State Conference on September 28th, 29th, and 30th 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 State Conference;

if I have been counseled by a health care provider or government agency or department to self-isolate/quarantine within 14 days of the State Conference on September 28th, 29th, and 30th; 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 State Conference, I will self-isolate and notify APA-IL immediately. A refund or partial refund will be considered.

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	_(date).
PRINTED NAME:	
□ I certify and acknowledge this <i>Waiver of Liability and Release</i> .	