

## **2022 Safety Pledge and Liability Waiver**

### **Public Radio Super-Regional Meeting**

Submission of registration and/or signing this waiver implies a commitment to adhere to this COVID-19 waiver and policies as set for by the Public Radio Super-Regional Meeting and Event Solutions Management, LLC

#### **Warning, Acknowledgement, and Assumption of Risk**

Public Radio Super-Regional Meeting and Event Solutions Management, LLC, hereinafter referred to as "Organizers," are taking enhanced health and safety measures—for you, other attendees, sponsors, and staff. However, an inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is a highly contagious disease that can lead to severe illness and death.

By submitting a registration form and/or signing this waiver, you acknowledge that participation in the Public Radio Super-Regional Meeting brings some risk of being exposed to or contracting COVID-19 and that you fully assume and accept such risk to attend the Meeting.

You further agree to follow the Public Radio Super-Regional Meeting COVID-19 Safety Policy and all posted and requested instructions while participating onsite in the Meeting and acknowledge that any failure to follow such protocols shall constitute sufficient grounds to be excluded by the organizers from attending the Meeting.

#### **Waiver and Release**

As a condition of your participation in this Meeting, and to the fullest extent permitted under applicable law, you expressly waive any rights against, and release and hold harmless, the Organizers and any of its officers, employees, affiliates, contractors, agents, heirs, legal successors, sponsors, and assigns (collectively "Organizers' Releasees") from and against any and all claims, suits, demands, losses, damages, expenses, or liability of whatever kind or nature (collectively "covered liability"), under any theory of law or equity, that you, your heirs, assignees, next of kin, or legally designated or appointed representatives may have arising from or as a result of your presence at the Meeting premises, including but not limited to any such covered liability related to or arising out of any illness, injury, or death associated with infection of COVID-19 or complications, symptoms, or other effects resulting from contracting COVID-19 and/or transmitting COVID-19 to any other person.

BY COMPLETING THE REGISTRATION FOR THIS EVENT AND/OR SIGNING THIS WAIVER, I ACKNOWLEDGE CAREFULLY READING AND FULLY UNDERSTANDING ALL PROVISIONS OF THIS WAIVER AND RELEASE AND FREELY AND KNOWINGLY ASSUMING THE RISKS AND WAIVING AND RELEASING THE RIGHTS DESCRIBED ABOVE.

I UNDERSTAND, AND IT IS MY EXPRESS INTENT, TO RELEASE THE ORGANIZERS' RELEASEES FROM COVERED LIABILITY EVEN IF SUCH LIABILITY RESULTS FROM OR IS CAUSED BY THE SOLE OR CONTRIBUTORY OR ACTIVE OR PASSIVE NEGLIGENCE, STRICT LIABILITY, OR OTHER LEGAL FAULT OF ORGANIZERS OR ANY THIRD PARTY.

I ALSO UNDERSTAND AND AGREE THAT THE ORGANIZERS DO NOT ASSUME ANY RESPONSIBILITY OR OBLIGATION TO PROVIDE FINANCIAL OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO MEDICAL, HEALTH, OR DISABILITY ASSISTANCE IN THE EVENT OF INJURY OR ILLNESS TO MYSELF OR TO ANY OTHER PERSON.

I attest that:

\* I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

\* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

\* I have not been diagnosed with Coronavirus/Covid-19 within the last 14 days.

\* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

\* I agree to follow the safety policy of the Organizers and understand failure to do so will result in being excluded from the Meeting.

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First Name

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Last Name

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Date

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Signature