

COVID-19 SAFETY ACKNOWLEDGMENT
LIABILITY WAIVER AND RELEASE OF CLAIMS

COVID-19 SAFETY INFORMATION:

By registering for and attending the Michigan Association of Certified Public Accountants' ("MICPA") 2021 _____, attendees agree to comply with applicable state and federal requirements, including that masks must be worn at all times by persons who are not fully vaccinated to reduce the risks of exposure to COVID-19. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, MICPA has implemented preventative measures to reduce the spread of COVID-19, but cannot guarantee that attendees will not become infected with COVID-19.

ACKNOWLEDGEMENTS

By registering and attending this event, I acknowledge:

- the contagious nature of COVID-19 and that the CDC and many other public health authorities recommend practicing social distancing and wearing masks in indoor settings regardless of vaccination status in areas of high community transmission;
- that MICPA has put in place preventative measures to reduce the spread of COVID-19;
- that MICPA cannot guarantee that I will not become infected with COVID-19; and
- that the risk of becoming exposed to and/or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, MICPA and its employees and members.

RELEASE AND WAIVER

I HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OF NATURE AGAINST MICPA, AND ITS AFFILIATED PARTNERS AND SPONSORS, INCLUDING IN EACH CASE, WITHOUT LIMITATIONS, THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS (THE "RELEASED PARTIES"), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM THE CARE I RECEIVE IN MY HOME.

ASSUMPTION OF THE RISK. I acknowledge and understand the following:

1. Attending the event risks possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID19, even if arising from the negligence or fault of MICPA, its members, or employees; and
3. I hereby knowingly assume the risk of injury, harm and loss associated with the event, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

BY SIGNING BELOW, I ATTEST THAT I UNDERSTAND THIS WAIVER AND AGREE TO GIVE A FULL RELEASE OF LIABILITY TO MICPA, ITS MEMBERS, AND EMPLOYEES.

Date

Name Printed

Signature