



DISTRICT MEETING SIGN IN/OUT SHEET
(Meeting may be recorded for later use.)

DISTRICT: NE **DATE:** 25Jan22 **START TIME:** 7pm **END TIME:** 8:15 pm

TOPIC: PT Residencies

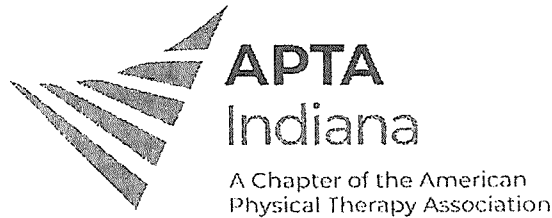
PRESENTER: Dr McPheters, Dr Zack, Dr Nelson

☐ Recorded (video) ☐ Recorded (audio) ☐ Handouts Only

All information will be stored on the APTA Indiana Website by District.

PARTICIPANT NAME	PARTICIPANT SIGNATURE	TIME IN	TIME OUT
Emma McIntosh		7:00	
Nicole Chatterson		7:00	
Colin Brackhouse		7:00	
Rachel Deweese		7:00	
Kayla Reimschisel		7:00	
Sarah Tickfer		7:00	
Evan Schuster		7:00	
Mark Seaton		7:00	
Bryce Cunningham		7:00	
Mackenzie Bristol		7:00	
Emma Knowles		7:00	
Jenna Doumont		7:00	
Kennedy Kreckel		7:00	
Julia Pate		7:00	
Nana Atkins		7:00	
Cameron Buzzard		7:00	
Michael Turcotte		7:00	
RYAN NELSON		11	
Jon Detmer		7:00	
Bryan Baucier		7:00	
Max Baumgartner		7:00	
Sean Collins		7:05	
Tom Ruediger		7:00	8:15

[illegible]



COVID-19 SAFETY ACKNOWLEDGEMENT, DISCLAIMER, AND LIABILITY WAIVER

COVID-19 SAFETY PRECAUTIONS

Each individual who participates in events held or sponsored by APTA Indiana must practice "social distancing" and wear face coverings at all times to reduce the risks of exposure to COVID-19. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, APTA Indiana has put in place preventative measures to reduce the spread of COVID-19. In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not engage in APTA Indiana events. By attending an APTA Indiana event, you certify that you do not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among others.
2. Individuals who have traveled internationally at any point in the past fourteen (14) days.
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.

DUTY TO SELF-MONITOR

Each participant at an APTA Indiana event agrees to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and to contact APTA Indiana if the participant experiences symptoms of COVID-19 within fourteen (14) days after participating in an APTA Indiana event.

DISCLAIMER

APTA Indiana has attempted to follow all federal, state, and local guidelines to reduce the risks of exposure to COVID-19, but despite these measures APTA Indiana cannot guarantee that its officers, directors, members, employees, agents, or others in attendance at an event will not become infected with COVID-19. Therefore, APTA Indiana disclaims all liability related to COVID-19 that arises from an APTA Indiana event.

ASSUMPTION OF RISKS

I acknowledge and understand the following:

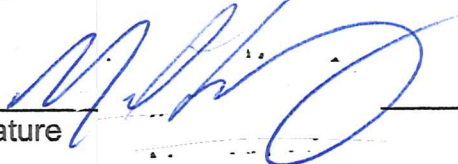
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3. I knowingly and freely assume all such risks at this event related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of APTA Indiana.
4. I hereby knowingly assume the risk of injury, harm, and loss associated with this event, including any injury, harm and loss caused by the negligence, fault, or conduct of any kind on the part of APTA Indiana.

AGREEMENT TO FOLLOW SAFETY PRECAUTIONS

I agree to follow the COVID-19 safety precautions at this event and to self-monitor as described in this document.

WAIVER OF LIABILITY AND RELEASE OF CLAIMS

I hereby hold harmless and release, waive, and forever discharge any and all liability, claims, demands, and causes of action of any kind or nature related to COVID-19 against APTA Indiana and its officers, directors, members, employees, and agents to the fullest extent permissible by law including but not limited to bodily or physical injuries, damages, or losses caused by the negligence, fault, or conduct of any kind of the officers, directors, members, employees, or agents that I, my heirs, assignees, next of kin, or legally appointed representatives might have or that might hereinafter accrue on my behalf that arise or that might hereinafter arise from my participation at this event.

Signature  Date 1. 25 2022

Michael Turcotte
Printed Name


Jan Detmer

Ryan KLS



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Date

Printed Name



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Signature

Ross Nelson PT, PT

Date

2/25/22

Printed Name

Ross Nelson



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Evan Schuster 1/25/22
Signature Date

Evan Schuster
Printed Name



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Macenzie Bristol
Signature

1/25/2022
Date

Macenzie Bristol
Printed Name



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Printed Name Emma Knowles



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Jenna L. Doimont
Signature

January 25, 2022
Date

Jenna L. Doimont
Printed Name



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Bryce Cunningham
Signature

1/25/28
Date

Bryce Cunningham
Printed Name



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Nicole Chatterson
Signature

Date

11/25/2022

Nicole Chatterson
Printed Name



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Emma McIntosh 11/25/22
Signature Date

Emma McIntosh
Printed Name



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Signature

Date

Printed Name

Colin Brockhouse

1-25-2022



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Cameron Bazzard 2/25/22
Signature Date

Cameron Bazzard
Printed Name



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Julia Pate 1/25/2022
Signature Date
Julia Pate
Printed Name



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Kennedy Kneidel
Signature

1/23/2022
Date

Kennedy Kneidel
Printed Name



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Signature _____ Date 11/25/21
Nana-Yaw Aikins
Printed Name



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Sarah Tickler

Signature

1/25/2022

Date

Sarah Tickler

Printed Name



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Kayla Reimschisel
Signature

1/25/22
Date

Kayla Reimschisel
Printed Name

