

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:

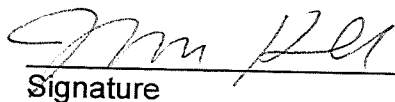
1. I derive personal satisfaction and a benefit by virtue of my participation at this APTA Indiana event, and I willingly engage in this event.
2. Participation at this event includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.
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

11/30/21
Date

Jennifer M. Howell
Printed Name



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Signature Alyssa Keys, PT, DPT Date 11/30/21

Printed Name Alyssa Keys



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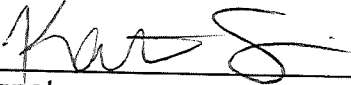
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Signature

11/30/2021

Date

Katie Simon

Printed Name



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Signature  _____ Date 11/30/21

Chad Parent
Printed Name



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Signature

11/30/21
Date

Hannah B. Blystone, PT, PPT
Printed Name



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Signature

11/30/21
Date

Cameron Buzzard
Printed Name

