



COVID-19 SAFETY ACKNOWLEDGMENT AND LIABILITY WAIVER AND RELEASE OF CLAIMS

COVID-19 SAFETY INFORMATION:

While participating in events held or sponsored by the National Association for Campus Activities ("NACA"), face coverings must be worn at all times to reduce the risks of exposure to COVID-19, except when seated for meal functions. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, NACA cannot guarantee that its participants, volunteers, partners, or others in attendance will not become infected with COVID-19.

In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not engage in NACA events. By attending a NACA event, you certify that you do not fall into any of the following categories:

1. Individuals who currently or within the past ten (10) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among others;
2. 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:

Participants and volunteers agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, contact NACA at memberservices@naca.org if they experience symptoms of COVID-19 within 10 days after participating or volunteering with NACA.

Medical Acknowledgment: By affixing my signature below:

I acknowledge the health risks associated with my attendance at the NACA event, including but not limited to transient dizziness, lightheaded, fainting, nausea, muscle cramping, musculoskeletal injury, joint pains, sprains and strains, heart attack, stroke, or sudden death. I agree that if I experience any of these or any other symptoms during the Activity, I will discontinue my participation immediately and seek appropriate medical attention.

I do hereby authorize the administration of emergency first aid and/or treatment, if necessary.

Name _____ Signature _____

Date _____

LIABILITY WAIVER, RELEASE OF CLAIMS AND ASSUMPTION OF THE RISK

I acknowledge that I derive personal satisfaction and a benefit by virtue of my participation and/or voluntarism with NACA, and I willingly engage in NACA events and/or other activities (the "Activity"). As a participant, volunteer, or attendee, I recognize that my participation, involvement and/or attendance at any NACA event or the Activity is voluntary and may result in personal injury (including death) and/or property damage. By attending, observing or participating in the Activity, I acknowledge and assume all risks and dangers associated with my participation and/or attendance at the Activity.

Assumption Of The Risk

By my signature below, I acknowledge and understand the following:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19;
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and
3. I hereby knowingly assume the risk of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties (as defined below).

Release And Waiver.

BY AFFIXING MY SIGNATURE BELOW, I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST (A) THE NATIONAL ASSOCIATION FOR CAMPUS ACTIVITIES (B) THE PROPERTY OR SITE OWNER OF THE ACTIVITY, AND (C) ALL PAST, PRESENT AND FUTURE AFFILIATES, SUCCESSORS, ASSIGNS, EMPLOYEES, VOLUNTEERS, VENDORS, PARTNERS, DIRECTORS, AND OFFICERS, OF SUCH ENTITIES (SUBSECTIONS (A) THROUGH (C), COLLECTIVELY, THE "RELEASED PARTIES"), EITHER IN LAW OR IN EQUITY, 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. THIS WAIVER AND RELEASE INCLUDES BUT IS NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY. I UNDERSTAND AND AGREE THIS WAIVER AND RELEASE IS BINDING ON MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES AND IS INTENDED TO APPLY TO AND INCLUDE ANY CLAIM(S) THAT MAY HEREINAFTER ACCRUE OR ARISE FROM MY PARTICIPATION IN THE ACTIVITY. I AGREE AND INTEND THAT THIS RELEASE AND WAIVER IS TO BE INTERPRETED TO PROVIDE A FULL RELEASE OF LIABILITY TO THE FULLEST EXTENT PERMITTED BY LAW AND WAIVE ANY CLAIM THAT I MAY HAVE.

FURTHER, I RELEASE AND FOREVER DISCHARGE THE RELEASED PARTIES FROM ANY CLAIM WHATSOEVER WHICH ARISES OR MAY HEREAFTER ARISE ON ACCOUNT OF ANY FIRST AID, TREATMENT, OR SERVICE RENDERED IN CONNECTION WITH MY PARTICIPATION IN THE ACTIVITY.

Name _____ Signature _____

Date _____