

2022 NACo HEALTHY COUNTIES FORUM WAIVER OF LIABILITY

By acknowledging this waiver of liability, I hereby acknowledge and agree to the following:

1. **COVID-19.** I am aware of the existence of COVID-19 and that my participation in an in-person meeting may cause injury or illness to myself or my family.
2. **Symptoms.** I will not attend if I have experienced symptoms such as fever, fatigue, difficulty breathing, dry cough or other symptoms relating to COVID-19 within 48 hours prior to my scheduled arrival.
3. **Isolation/Quarantine.** I will not attend if I must isolate or quarantine because I may have been exposed to a person with COVID-19 or if I am waiting on the results of a COVID-19 test or have been diagnosed with COVID-19.
4. **COVID-19 Exposure.** I will not attend if I have been in close physical contact (six feet or closer for at least 15 minutes cumulatively over a 24-hour period) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19 within the last 14 days.
5. **Testing.** Vaccinated as well as unvaccinated individuals are strongly encouraged to take a COVID-19 test and receive a negative result a maximum of 72-hours prior to travel.
6. **Health and Safety Rules for the Meeting.** During the conference and related events/meetings, I will comply with local and National Association of Counties (NACo) health and safety requirements, including any requirements for vaccination, mask wearing and social distancing that may be in place, as well as respect the autonomy of other attendees at the meeting. This may include providing proof of vaccination, wearing a face covering that fully covers the nose and mouth in all indoor facilities, unless in an approved dining area, while eating, and outdoors when it is not possible to maintain six feet of distance from other individuals.
7. **Daily Health Checks.** During the conference and related events/meetings, I will complete the daily health check and submit results to the designated authority as directed. I understand that proof of compliance with these checks may be required to access meeting rooms.
8. **Attendance.** I choose to attend the conference meeting and related events/meetings.
9. **Risk Factors – At your own risk.** I am aware of the potential risk of contracting COVID-19 from individuals, even if those individuals do not display any symptoms of the virus. I expressly agree that participation in the conference and related events/meetings is undertaken at my own risk.
10. **Release of NACo and affiliated.** I hereby release NACo; its employees, officers, directors, or agents; NACo's members or affiliated entities; and its board members from any liability related to contracting or spreading COVID-19 or becoming ill or incurring any personal injury or death from or related to COVID-19, as a result of attending the conference and related events/meetings in person. I assume all such risks of illness, injury or death.
11. **Waive Right to Recovery.** I hereby forever waive any right to recovery for any damages related to contracting or spreading COVID-19, or becoming ill or incurring any personal injury or death from or related to COVID-19, against NACo; its employees, officers, directors, or agents; NACo's members or affiliated entities; and its board members and agree not to pursue or join any such claims, demands,

damages, actions, or causes of action, including but not limited to those that result from any acts of active or passive negligence on the part of any of the foregoing.

12. **Quarantine.** I understand that I may be required to quarantine. Quarantine is defined as staying physically away from any and all others – unless seeking medical care – due to having been a close contact of someone who has tested positive for COVID-19. I understand that quarantine will last at least 10 days from the date quarantine began and may continue beyond if I am experiencing COVID-19 symptoms.

13. **Expenses due to COVID-19.** Any expenses related to COVID-19 virus prevention or mitigation, including isolation and quarantine, are my sole responsibility. I understand that any medical care will be provided at my sole expense.

I have read and understand this waiver and release of claims, and I understand the risks I am assuming. I am entering into this waiver and release of claims voluntarily. I further understand that violating any portion of this code of conduct may result in removal from event activities without refund or warning and could be prohibited from attending virtual events.