



## COVID-19 WAIVER OF LIABILITY AND INDEMNIFICATION

1. I agree that I am personally responsible for my safety and actions while participating in the Community Associations Institute, Southeast Florida Chapter, Inc. ("CAI-SEFL") Business Partner Essentials session (Event) at Morton's Steakhouse (Venue) on October 6, 2021, or any continued date thereof. I acknowledge and understand that my participation in the Event is at my own risk of damage, injury, and illness.
2. CAI-SEFL does not guarantee that Venue, its facilities, equipment, or materials, are free from any bacteria or virus, including any strain of coronavirus, nor is CAI-SEFL obligated to provide any Personal Protective Equipment (PPE) to participants, nor to provide COVID-19 tests to participants to determine the presence of any illness.
3. I understand and acknowledge that it is my responsibility to protect myself by continuing to follow CDC and local health officials' recommendations to combat community transmission of the virus, and to stay current with advice from the CDC ([www.cdc.gov](http://www.cdc.gov)) and local health officials, as well as my personal healthcare professionals.
4. I agree that I will not participate in the Event if I have tested positive for COVID-19 and am within the required self-isolation period on the date of the Event, if I am demonstrating any symptoms of COVID-19, including a fever, on the date of the Event, or if I have been in contact with someone who has tested positive for COVID-19 and I am within the required quarantine period on the date of the Event.
5. I understand that while at the Event, I am representing CAI-SEFL, Venue, and my own company/association and will refrain from posting any photos on social media which depict any behavior that does not follow local, state, and association guidelines regarding COVID-19 safety (mask usage, 6 ft. social distancing, large groups, etc.)
6. With full awareness and appreciation of the risks involved, I, for myself and on behalf of my family, spouse, estate, heirs, executors, administrators, assigns, and personal representatives, hereby forever release from liability, discharge, defend, hold harmless and indemnify CAI-SEFL and Venue, and their officers, directors, members, agents, representatives, and employees (collectively the "Released Parties") from any and all liability, claims, demands, actions, judgments, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, or injury, including death, (including, but not limited to, reasonable professional and attorneys' fees), whether caused by the negligence of the Released Parties, any third-party participating in the CAI-SEFL event, or otherwise, which arise from or are in any way related to my participation in the Event or any other activity while in, on, or around Venue and/or while using any facilities, tools, equipment, or materials therein.
7. By signing below I acknowledge and represent that I have read the foregoing Waiver of Liability, understand it and sign it voluntarily as my own free act, including without limitation the Release of Liability and Indemnification requirements contained in this document; I am sufficiently informed about the risks involved in participating in the Event and will abide by the signage and rules established by CAI-SEFL and Venue, as well as the Executive Orders and guidelines set forth by federal and local government agencies related to COVID, and I understand that if I do NOT abide by any Orders, guidelines, signage or rules, I may be asked to leave the Event and Venue without a refund of participation fees. I agree that this Waiver of Liability shall be governed by and construed in accordance with Florida law, and that if any of the provisions hereof are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Waiver of Liability as a whole.

\_\_\_\_\_  
Signature (check box if online)

\_\_\_\_\_  
Printed Name (check box if online)\*\*

\_\_\_\_\_  
Date \*\*