COVID-19 Liability Release Waiver

By signing below I acknowledge that I have read the foregoing Liability Release ("Waiver") and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; that I have been sufficiently informed of the risks involved and give my voluntary consent in signing the Waiver of my own free act and deed; with full intention to be bound by the same, and free from any inducement or representation.

This waiver is given in connection with my attendance at the 2022 Corcentric Symposium ("Symposium") to be held February 23 through February 25, 2022.

Following the pronouncements above I hereby declare the following:

☐ I am fully and personally responsible for my own safety and actions while and during my participation at the Symposium and I recognize that I may be at risk of contracting COVID-19.

☐ With full knowledge of the risks involved, I hereby release, waive, discharge the Corcentric, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in the Symposium, any activity while in, on, or around the Symposium premises or while using the facilities where the Symposium is held.

☐ I agree to indemnify, defend, and hold harmless the Corcentric from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims made by or against any released party due to injury, loss, or death from or related to COVID-19 arising directly or indirectly from my conduct at the Symposium.

☐ By attending the Symposium, I and any of my guests voluntarily assume all risks related to exposure to COVID-19 and agree to hold Corcentric, Corcentric staff, or any affiliates, directors, officers, agents, contractors, or volunteers harmless from any and all incurred by me arising from COVID-19.

☐ I am aware of the existence of the risk of injury or illness due to my participation at the Symposium and as such to the activity of the Organization that may cause injury or illness including, but not limited to Influenza, MRSA, or COVID-19 that may lead to paralysis or death.

☐ I have not experienced symptoms that of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.

☐ I have not, nor any member(s) of my household, traveled by sea or by air, internationally within the past 30 days.

☐ I did not, nor did any member of my household, visit any area within the United States that was reported to be highly affected by COVID-19, in the last 30 days.

☐ I have not been, nor has any member(s) of my household, been diagnosed to be infected of COVID-19 virus within the last 30 days.

☐ I agree that any guest whom I invite to the Symposium shall also execute this waiver.
First Name       Last Name
Phone Number
Signature
Date Signed  
           /    / 2021