

CALIFORNIA ACADEMY OF NUTRITION AND DIETETICS & AFFILIATE DISTRICTS
MEETING & EVENT LIVE AGREEMENT AND WIAVER
AND RELEASE OF LIABILITY

Date: _____ First and Last Name: _____

This waiver is for

FY 2022(June 1, 2021-May 31, 2022)

Specific Event/Meeting Name and Date _____

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities may recommend practicing social distancing, wearing a mask, and hand washing regularly to stop the spread.

I further acknowledge that California Academy & District Affiliates and its District Affiliates has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that CA Academy and its District Affiliates cannot guarantee that I will not become infected with the Coronavirus/Covid-19.

I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, attendees, volunteers, staff, and their families.

I voluntarily seek services provided by California Academy & District Affiliates and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19.

I acknowledge that I must comply with all set procedures to reduce the spread while attending this event

By typing my name below I attest that:

* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills,

repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

* I have not traveled internationally within the last 14 days.

* I have not traveled to a highly impacted area within the United States of America in the last 14 days.

* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non contagious by state or local public health authorities.

* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold California Academy & District Affiliates harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the salon, or that may otherwise arise in any way in connection with any services received from California Academy & District Affiliates. I understand that this release discharges California Academy & District Affiliates from any liability or claim that I, my heirs, or any personal representatives may have against the salon with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from California Academy & District Affiliates. This liability waiver and release extends to the the full Academy all employees and volunteer board members of the California Academy & District Affiliates.

By checking yes, I attest to the above and waive liability of CA Academy and District Affiliates, meeting/event location, and volunteers and staff of CA Academy.

YES

I HAVE READ THIS AGREEMENT AND WAIVER AND RELEASE OF LIABILITY, KNOW, UNDERSTAND AND AGREE TO BE BOUND BY ITS CONTENTS, AND SIGN IT OF MY OWN FREE WILL. TYPE FULL NAME

FIRST AND LAST NAME