

Assumption of Risk and Waiver of Claims

The NE OASBO Region Fall School Finance Workshop 2021-2022 ("Seminar") will take place on September 14, 2021, at the Akron City School Professional Development Training Center in Akron, Ohio ("Venue"). Those choosing to attend the Seminar in person must agree to the terms of this Assumption of Risk and Waiver of Claims ("Waiver").

Attending the Seminar during the ongoing COVID-19 pandemic carries risk due to the contagious nature of the virus and the fact that Seminar will be held indoors with a large number of attendees. The undersigned has made the decision to attend the Seminar with the full understanding of the inherent risks of such decision and agrees as follows:

- Infection with COVID-19 infection can result from close proximity to others, person-to-person contact, exposure to droplets/aerosols released by other attendees as a result of breathing, coughing, talking and normal interaction as well as by touching surfaces.
- Contracting COVID-19 can result in personal injury, illness, permanent disability, and death. Risk increases steadily with age, and persons with underlying medical conditions are considered to be at "high risk" and particularly susceptible to developing severe illness from COVID-19.
- By attending the Seminar, I risk becoming exposed to or infected with COVID-19 as a result of my actions, omissions, or negligence, or those of other attendees or participants, including without limitation, OASBO's officers, directors, members, agents, and staff. OASBO cannot guarantee that I will not become infected with COVID-19 during the Seminar.
- OASBO is not responsible for the Venue's COVID-19 mitigation efforts (or lack thereof) or any negligence by the Venue or its staff relative to such precautions.

To help minimize the potential for COVID-19 transmission, everyone attending the Seminar is required to review and complete the attached *COVID-19 SELF-SCREENING QUESTIONNAIRE AND DECLARATION* and submit it to OASBO at the Seminar in order to gain entry. You agree not to attend the Seminar in-person if your answer to any of the questions on the self-screening questionnaire is YES at any time during the Seminar.

I acknowledge and agree that it is my obligation to follow all recommended health and safety measures while attending the Seminar, including, but not limited to, those required by OASBO, the Venue, the Centers for Disease Control (CDC), and applicable state and local guidelines and mandates (collectively, "Guidance"). I understand that the Guidance will continue to evolve over time, but, at a minimum, I will:

- (i) Maintain a minimum distance of six feet from others in order to allow for "social distancing;"
- (ii) Wear a face mask or covering, except in limited settings outdoors or where social distancing can otherwise be maintained; and
- (iii) Wash my hands frequently throughout the day for at least 20 seconds or use hand sanitizer if hand washing is not readily available.

I understand that my failure to comply with all safety protocol procedures as listed above or any direction from OASBO staff on site may result in the loss of my right to attend or participate in the Seminar, including forfeiture of any registration fees paid.

I acknowledge and agree that I am attending the Seminar voluntarily, and at my own risk. I hereby release, for myself, my heirs, assigns, personal representatives and next of kin, and do forever discharge, indemnify and hold harmless OASBO, its directors, officers, staff, agents, members, and representatives, of and from any and all claims, liabilities, actions, damages, costs or expenses of any kind arising out of, in connection with, or relating to my attending or participating in the Seminar including, without limitation, any illness, damages, or injury whatsoever resulting from my travel to and from, and attendance at, the Seminar, participation in events related to the Seminar, exposure to an infectious disease (including COVID-19) or the manner in which the Seminar or its related events and activities are conducted (collectively, "Claims"). I understand and agree that this Waiver includes, without limitation, any Claims based on the actions, errors, omissions, or negligence of OASBO, its directors, officers, staff, agents, members, and representatives, whether a condition giving rise to any Claims occurred before, during, or after I attended or participated in the Seminar.

I understand that OASBO is under no obligation to provide medical aid in case of accident or illness during the Seminar. However, should accident or illness occur, I give OASBO (its representatives or staff) permission to seek immediate medical aid, and I further agree to hold harmless OASBO and its respective officers, directors, staff, agents, members, and representatives from any liability for illness, death, injury, loss or damage related in any way to the provision, or lack of provision, of medical aid.

I affirm I have carefully read this Waiver, understand its terms and conditions, and agree to be bound by its terms and conditions.

ATTENDEE'S NAME (PRINT): _____

ATTENDEE'S SIGNATURE: _____

DATE: ____/____/2021

COVID-19 SELF-SCREENING QUESTIONNAIRE AND DECLARATION

ALL ATTENDEES MUST read AND answer the self-screening questions below upon arrival at the NE OASBO Region Fall School Finance Workshop 2021-2022 ("Seminar"). You agree that you will not attend the Seminar in-person if the answer to any of the following questions is YES at any time during the Seminar.

Self-Screening Questions:

If the answer to any of the following questions is "YES" – YOU CANNOT ATTEND THE SEMINAR.

1. Do you currently have any of the following symptoms? Yes No
 - fever or chills
 - cough
 - shortness of breath or difficulty breathing
 - fatigue
 - muscle or body aches
 - headache
 - sore throat
 - new loss of taste/smell
 - congestion or runny nose
 - nausea or vomiting
 - diarrhea

2. **In the past 14 days** have you experienced any of the above symptoms? Yes No

3. **In the past 14 days** have you had close contact (less than 6 feet) with anyone who has COVID-19 or any of the above symptoms? Yes No

*****THIS SECTION TO BE COMPLETED AND RETURNED AT THE SEMINAR*****

I understand that everyone attending the Seminar must complete, sign and return this form to OASBO on-site at the Seminar in order to be permitted to attend.

Anyone answering YES to any of the questions above or refusing to complete this Self-Screening Questionnaire and Declaration will NOT be permitted to attend the Seminar.

By signing this COVID-19 Self-Screening Questionnaire and Declaration, I affirm that I have read and understand the above screening questions and requirements and that the answers provided above are accurate and truthful.

Attendee Name (Printed): _____

Attendee Signature: _____

Date: _____

Contact Information: _____

Thank you for your cooperation.