

Kentucky TSA

COVID WAIVER AND RELEASE OF LIABILITY

To be completed by all Event Participants

This COVID Release and Waiver is in addition to, and does not replace, any other releases of liability, waivers or documents that have been executed in connection with the Kentucky Technology Student Association (KYTSA).

Assumption of Risk: You acknowledge that you are aware that pertaining to the events taking place at the Marriott Griffin Gate Resort on the dates of April 25-27, 2022 for the KYTSA State Conference certain risks associated with exposure to COVID may exist at the event.

For Parents/Legal Guardians of Minors - As the parent or legal guardian of _____ (the "Minor"), by allowing the Minor to participate in the Event, and by signing this COVID Waiver and Release of Liability, I, on my own behalf and/or on behalf of Minor, am assuming all risks, responsibility and liability concerning Minor's and my health and safety and possible exposure to COVID in connection with the Event.

Release: In consideration for the privilege of Minor participating in the Event, the sufficiency of which is hereby acknowledged, I, on my own behalf and/or on behalf of Minor, agree to release and to hold harmless the Kentucky Technology Student Association and the respective directors, officers, members, representatives, agents, employees and contractors of the preceding parties (hereinafter collectively "Releasees") from any and all liability, whether caused by negligence of the Releasees or otherwise, for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with associated with Minor's participation in the Event and Minor's and/or my possible exposure to COVID. I, on my own behalf and/or on behalf of Minor, hereby warrant that I have read this COVID Waiver and Release of Liability in its entirety and fully understand its contents. I, on my own behalf and/or on behalf of Minor, am aware that this document releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury, illness and death. I, on my own behalf and/or on behalf of Minor, have signed this document voluntarily and of my own free will.

ATTENDEES WILL ADHERE TO REQUIRED COVID GUIDANCE AS IDENTIFIED BY THE KENTUCKY DEPARTMENT OF EDUCATION, KENTUCKY DEPARTMENT OF PUBLIC HEALTH, THE CENTERS FOR DISEASE CONTROL AND PREVENTION, AND LOCAL VENUES.

Print Attendee Name _____

Attendee Signature _____ Date: _____

Parent/Legal Guardian Signature _____ Date: _____

Chapter Advisor Signature _____ Date: _____