**COVID-19 Liability Waiver and Compliance Agreement**

**THIS WAIVER ALTERS AND/OR WAIVES LEGAL RIGHTS AND OBLIGATIONS. YOU SHOULD READ IT CAREFULLY BEFORE SIGNING IT.**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , acknowledge the contagious nature of the novel Coronavirus/COVID-19 and that the Center for Disease Control (CDC), State of Texas, and the Texas Department of State Health Services still recommend practicing social distancing.

I acknowledge that the Texas FFA Association cannot and does not guarantee that I will not become infected with the novel Coronavirus/COVID-19 during the 2020 Texas FFA State Convention (the “Convention”).

I understand that being exposed to and/or infected by the novel Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself, the Texas FFA Association, or other parties associated with the Convention.

I voluntarily participate in the in-person State FFA Officer Selection Process and/or live production of the Convention from **July 3-10, 2020**. By participating, I acknowledge that I am potentially increasing my risk of exposure to the novel Coronavirus/COVID-19.

I acknowledge that I must comply with all communicated protocols and procedures to reduce and mitigate the spread of the novel Coronavirus/COVID-19 during the Convention.

I acknowledge that it will not be possible for the Texas FFA Association to enforce all the communicated protocols and procedures and that the Texas FFA association bears no responsibility for the actions or omissions of other attendees.

I attest that:

1. I am not experiencing any symptoms of Coronavirus/COVID-19 such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss or taste of smell.
2. I have not traveled internationally within the last 14 days.
3. I do not believe I have been exposed to someone with a suspected and/or confirmed case of the novel Coronavirus/COVID-19.
4. I have not been diagnosed with the novel Coronavirus/COVID-19 or, if I have been, I have been certified as non-contagious by state or local public health authorities.
5. Should any of the above-attested statements become untrue before the end of the Convention on July, 10, 2020, I will immediately upon learning that any of the above-statements are then untrue inform the Texas FFA Association in writing via email to **austin@texasffa.org** with specific details of what is then untrue.
6. Should the above attested statement “d.” become untrue before July 27, 2020, I will inform the Texas FFA Association in writing via email to **austin@texasffa.org** that I have been diagnosed with the novel Coronavirus/Covid-19 within 24 hours of being diagnosed.
7. I have educated myself concerning CDC guidelines and as necessary through my own medical professional concerning my unique situation and circumstances.
8. I am following all recommended guidelines from the CDC, the State of Texas, and the Texas Department of State Health Services as much as possible and limiting my exposure to the novel Coronavirus/COVID-19.
9. I am eighteen years of age or older.

In light of the foregoing acknowledgements and attestations and in consideration of the Texas FFA allowing me to attend the Convention, which is conditioned upon my consent to and compliance with this agreement, I hereby agree as follows:

**I hereby release and agree to hold the Texas FFA Association, Sheraton Austin Georgetown Hotel & Conference Center (the “Hotel”) and any employee, volunteer, vendor or partner of the Texas FFA Association or the Hotel (collectively, the “Released Parties”) harmless from, and waive on behalf of myself, my minor child or children (if applicable), my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and/or compensation for damage or loss to myself or my minor child (if applicable) and/or property that may be caused by any act or failure to act, INCLUDING ANY NEGLIGENT ACT OR NEGLIGENT FAILURE TO ACT, of the Released Parties that arises from, is connected to, or relates to the Convention. I understand that this release discharges the Released Parties from any liability or claim that I, my heirs, my minor child or children (if applicable), or any personal representatives may have against the Released Parties arising from, in connection with, or relating to the Convention INCLUDING CLAIMS ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES.**

[SIGN ON NEXT PAGE]

AGREED BY:

Attendee Name (Printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attendee Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attendee Email Address

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Date