



Attorneys for Family-Held Enterprises (“AFHE”)
 2021 Mid-year Conference (“Fall Conference”)
 Wigwam Resort, Litchfield, Arizona, October 27-29, 2021
COVID-19 WAIVER

INFORMATION FOR UNDERSIGNED ATTENDEE			
First Name		Last Name	
Email Address		Cell Phone Number	

- I acknowledge the contagious nature of the Coronavirus/COVID-19, and that the CDC and many other public health authorities still recommend practicing social distancing.
- I further acknowledge that AFHE cannot guarantee that I will not become infected with the Coronavirus/Covid-19 while attending the above-described conference. 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.
- I voluntarily signed up for the above-described conference hosted by AFHE and acknowledge that by my attendance I am marginally 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 participating during the conference.
- I agree to wear a face mask over my mouth and nose while not actively eating and/or drinking, speaking as a speaker, outdoors, or in a designated socially distanced area indoors.
- 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 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 AFHE and Neff & Downing Management Services 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 illness, bodily injury or death that may result from or arise out of exposure to the Coronavirus/COVID-19, caused by any act, or failure to act, or that may otherwise arise in any way in connection with my voluntary attendance at the above-referenced event.
- I understand that this release discharges AFHE and Neff & Downing Management Services from any liability or claim that I, my heirs, or any personal representatives may have with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection with my voluntary attendance at the above-referenced event.
- By completing this form and entering my name below I agree to all sections of this waiver.

Printed Full Name: _____
 Date: October ____, 2021