# NORTHWEST MINISTRY NETWORK ANNUAL CONFERENCE
# COVID-19 WAIVER STATEMENT

Printed Name: _____

I am aware of the highly contagious nature of bacterial and viral diseases including the 2019 novel coronavirus disease (COVID-19) and the risk that I may be exposed to or contract COVID-19 or other infectious diseases by attending the Northwest Ministry Network (NWMN) Annual Conference ("Network Conference") and/or engaging in activities related to the Network Conference. I understand and acknowledge that such exposure or infection may result in serious illness, personal injury, permanent disability, death, and/or property damage.

**Please circle your response:**        Yes        No

I acknowledge that this risk may result from or be compounded by the actions, omissions, or negligence of others, including NWMN employees. I understand that while the NWMN has implemented preventative measures designed to reduce the spread of COVID-19, the NWMN cannot guarantee that I will not become infected with COVID-19 or other infectious diseases while attending Network Conference and that attending Network Conference may increase my risk of contracting COVID-19 or other infectious diseases. Notwithstanding the risks, I acknowledge that I am voluntarily attending the Network Conference and all associated activities with knowledge of the danger and accept any and all risk of such attendance and/or participation.

**Please circle your response:**        Yes        No

I hereby expressly waive and release any and all claims, now known or hereafter known, against the Company, and its officers, employees, agents, affiliates, successors, and assigns, on account of injury, illness, disability, death, or property damage arising out of or attributable to my attending Network Conference or engaging in any activity associated or affiliated with Network Conference and/or being exposed to or contracting any infectious disease, whether arising out of the negligence of the NWMN, its officers, employees, agents, affiliates, successors and/or assigns.

**Please circle your response:**        Yes        No

Signature: _____

Date: _____        Time: _____