

COVID-19 Health Acknowledgement & Liability Waiver

My presence at the \_\_\_\_\_ at the American Bank Center, proves I voluntarily accept the risk of the potentially coming into contact with COVID-19 and by attending the event, I accept sole responsibility for any injury to myself and on behalf of my family, spouse, estate, heirs, executors, administrators, assigns and personal representatives, including, but not limited to, illness, damage, loss, claim liability, or experience of any kind, that may be experienced or incurred in connection with my attendance at the event.

I understand that the risk of being exposed to or infected by COVID-19 at the \_\_\_\_\_ may result from the actions, omissions, or negligence of myself, and others, including, but not limited to, \_\_\_\_\_, and or/its employees, officers, directors, representatives, show staff, volunteers, event attendees, and their families. I hereby release, covenant not to sue, discharge, and hold harmless \_\_\_\_\_, and or its directors, officers, employees, representatives, and agents from any claim associated with allegedly being exposed to or infected by COVID-19 as a result of participating in the Event and/or being on Event show grounds.

HEALTH PROTOCOLS:

- I have read, understand, and agree to comply with the Recommended Health Protocols as provided and understand and agree that I may be disqualified from participating in the \_\_\_\_\_ and may be required to leave the show grounds should I fail to do so.
- I will, to the best of my ability, practice proper social distancing as recommended by CDC directives, as well as practice good hygiene (hand washing, use of hand sanitizer, wearing of mask as recommended and when required, etc.) and follow other health directives ordered or suggested. Please read the provided RECOMMENDED HEALTH PROTOCOLS in place for the Greater Corpus Christi \_\_\_\_\_ Show before signing: By submitting this form, I fully understand and agree to the above terms.

COMPANY NAME: \_\_\_\_\_

EXHIBITOR NAME: \_\_\_\_\_

EXHIBITOR SIGNATURE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_