



**AGREEMENT BETWEEN EVENT ATTENDEES AND SOUTH EAST FLORIDA APARTMENT ASSOCIATION (SEFAA)**

**Event Participation Risk & Waiver of Liability**

By signing this document, I acknowledge that I am aware of certain risks due to the COVID-19 pandemic (commonly referred to as coronavirus) and all SARS-CoV-2 mutations and variants by participating at SEFAA events. I am choosing to attend SEFAA's [event name] on [date] at [venue name & address].

**MY UNDERSTANDING.** I understand that by leaving my home, I am exposing myself to a greater risk of becoming infected with COVID-19 or any potential genetic variants, or of infecting other people.

**MY PROMISE.** In order to do my part to not spread this deadly virus, I agree to not enter the venue and to return home if (a) I have a temperature of 100.4 degrees or above, (b) SEFAA Staff and/or the venue's medically trained professional determines that I may not safely enter the venue, or (c) I am feeling unwell, have a fever, cough or other symptoms, or (d) there is reason to believe I carry the coronavirus despite the current absence of symptoms. If I participate at [event name] and enter the venue, I agree regardless of my vaccination status for COVID-19, to strictly follow all health and safety protocols SEFAA and the venue has posted, in addition to the CDC guidelines and social distancing recommendations, which are designed to protect attendees, sponsors, staff and venue employees.

**MY EXPECTATION & ACKNOWLEDGEMENT.** I am choosing to participate at [event name] and enter the venue with the understanding that SEFAA, the venue, staff, and event producers have taken reasonable measures to protect the health and safety of all attendees, sponsors, staff, and venue employees. I acknowledge and agree that other attendees, guests, invitees, staff, or any third parties at the venue could or may fail to follow basic acceptable standards of safety and hygiene that could spread COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and its existent variants and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending any public gathering and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at this event. I further hereby release, waive, covenant not to sue, discharge, and hold harmless SEFAA, Paragon Events, event producers, event sponsors, the venue, its employees, agents, and representatives, of and from any Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to COVID-19, and including but not limited to claims pertaining to alleged negligence in preventing or failing to prevent COVID-19 at the venue. I acknowledge and agree that SEFAA, Paragon Events, event producers, event sponsors, the venue, its employees, agents, and representatives cannot guarantee my safety and I agree to waive, release, and forego any premises liability claim for personal injuries or property loss due to the negligence or intentional acts including, but not limited to, any claim based on any duty to keep the venue and any persons or areas within the venue safe from the presence of COVID-19.

Please note: Your vaccination status does not exempt you from any SEFAA health and safety protocols enforced, which are designed to protect attendees, sponsors, staff and venue employees. If you would like to disclose your vaccination status, please check next the respective option. Your response will be kept confidential.

I am fully vaccinated

I am not vaccinated

I wish not to disclose my vaccination status

\_\_\_\_\_  
Attendee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attendee's Printed Name

\_\_\_\_\_  
Attendee's Printed Company