



# FEI CHAPTER EVENT REGISTRATION: COVID-19 WAIVER

Chapter name: \_\_\_\_\_

Event name: \_\_\_\_\_

Event location: \_\_\_\_\_

Date and time: \_\_\_\_\_

The FEI \_\_\_\_\_ Chapter will sponsor a live, in-person event on \_\_\_\_\_ [month, day, year], for the purpose of \_\_\_\_\_.

This event will include [please indicate if there will be food/beverages provided; presentation by a speaker] \_\_\_\_\_ . Because this is an in-person event, strict rules on social distancing, masks, and considerate health and safety conduct is essential. Please read the following rules and agree to the statement of risk.

## **ATTENDANCE RULES**

Based on the current notices, rules and recommendations by the \_\_\_\_\_ state government and \_\_\_\_\_ County, the following guidelines and procedures are to be strictly observed during the meeting:

1. Social distancing by all participants of at least 6 feet;
2. Masks to be worn at all times by all participants; gloves where appropriate or directed by the Chapter;
3. No attendees with contagious illnesses (cold, flu, or similar conditions) may attend the event;
4. Attendees are to abide by any additional rules announced by the \_\_\_\_\_ Chapter prior to the meeting and during the meeting;

As an event registrant of the FEI \_\_\_\_\_ Chapter, I agree to abide by the above rules and guidelines, as well as any additional rules the Chapter may publish prior to or during the meeting to be held on \_\_\_\_\_ [month, day, year].



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I agree that I will attend the Chapter event of \_\_\_\_\_ [month, day, year] at my own risk and I assume full responsibility for my decision to attend.

I understand that the FEI \_\_\_\_\_ Chapter does not provide accident or medical insurance regarding my participation in the Chapter's event and I agree to hold the FEI \_\_\_\_\_ Chapter harmless from all liability and/or blame should I become ill or incapacitated after my participation in the event.

I affirm that I am at least twenty-one years of age and am entering into this registration and agreement of my own free will.

\_\_\_\_\_  
(Event registrant name - print)

\_\_\_\_\_  
(Event registrant signature)

\_\_\_\_\_  
(Date)