

Safety pledge and liability waiver

Employer Summit 2023

WHAT ARE THE RISKS in attending in-person?

COVID-19 is a worldwide pandemic:

- it is extremely contagious
- people can be infectious while showing no symptoms
- the virus spreads from person to person
- there is no known cure
- it can cause serious illness and even death

While our internal COVID-19 Safety Plan is in effect, this plan cannot fully prevent attendants from the RISKS of getting COVID-19, which are:

- becoming exposed to COVID-19
- contracting COVID-19
- spreading COVID-19

By attending the 2023 Employer Summit in-person you may be exposing yourself or others and increasing the risk of contracting or spreading COVID-19.

ASSUMPTION OF RISKS:

I have read and understood the above warning concerning the RISKS and choose to accept them in order to attend the 2023 Employer Summit in-person.

SAFETY PLEDGE:

- I take responsibility for my safety and actions at this event,
- I understand that mask-wearing is encouraged to protect my health and the health of others,
- I will follow the instructions of the staff of this event.

My failure to do so:

- might put myself and the rest of the attendees and staff at risk
- may result in my removal from this event.

REPRESENTATIONS:

To the best of my knowledge, I am not putting others at risk because:

- I am not aware that I am currently infected by the COVID-19 virus, and
- I have not been asked or recommended to be quarantined or isolated for being in close contact with a person infected by it in the past fifteen days.

WAIVER OF LAWSUIT / LIABILITY:

I hereby forever release and waive my right to bring suit against Able South Carolina (plus its affiliates and its owners, officers, directors, agents, employees, or other representatives) in connection with the RISKS related to my attendance at the 2023 in-person Employer Summit.

This waiver means:

- I give up my right to bring any claims to seek damages, including for death, disease, or any other loss, except for where there has been gross negligence, recklessness, or intentional wrongful acts.

CHOICE OF LAW:

The law of South Carolina will apply to this document.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS DOCUMENT AND FREELY AND KNOWINGLY

- (1) ASSUME THE RISKS,
- (2) FOLLOW THE SAFETY PLAN AND INSTRUCTIONS FROM STAFF,
- (3) REPRESENT THAT I AM NOT KNOWINGLY PUTTING OTHER ATTENDANTS OR STAFF AT RISK AND
- (4) WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature

Date

Printed Name