



**AIA**  
Akron



## **COVID-19 Safety Acknowledgement – Liability Waiver and Release of Claims**

Akron Chapter of The American Institute of Architects  
Akron-Canton Chapter of The Construction Specifications Institute

540 White Pond Drive STE E, Akron Ohio 44320

[www.aia.org/akron](http://www.aia.org/akron) | [www.akroncanton.csinet.org](http://www.akroncanton.csinet.org)

### **COVID-19 SAFETY INFORMATION:**

While participating in events held or sponsored by either AIA Akron, Akron-Canton CSI or AIA Akron & Akron-Canton CSI, “social distancing” must be practiced and face coverings worn at all times to reduce the risks of exposure to COVID-19. AIA Akron & Akron-Canton CSI cannot guarantee that its staff, members, participants, volunteers, partners, or others in attendance will not become infected with COVID-19.

In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not engage in AIA Akron & Akron-Canton CSI events and/or other face to face activities. By attending an AIA Akron & Akron-Canton CSI event, you certify that you do not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among [others](#);
2. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19; or
3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

### **DUTY TO SELF-MONITOR:**

Staff, members, participants, volunteers, partners and volunteers agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, contact AIA Akron & Akron-Canton CSI at [jtipton@aiaakron.org](mailto:jtipton@aiaakron.org) if he/she experiences symptoms of COVID-19 within 14 days after participating or volunteering with AIA Akron & Akron-Canton CSI.

### **ASSUMPTION OF RISK.** I acknowledge and understand the following:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and
3. I hereby knowingly assume the risk of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

### **RELEASE AND WAIVER.**

I hereby release, waive and forever discharge any and all liability, claims, and demands of whatever kind or nature against AIA Akron, Akron-Canton CSI, or AIA Akron & Akron-Canton CSI and its affiliated partners and sponsors, including in each case, without limitation, their directors, officers, employees, volunteers, and agents (the “released parties”), either in law or in equity, to the fullest extent permissible by law, including but not limited to damages or losses caused by the negligence, fault or conduct of any kind on the part of the released parties, including but not limited to death, bodily injury, illness, economic loss or out of pocket expenses, or loss or damage to property, which I, my heirs, assignees, next of kin and/or legally appointed or designated representatives, may have or which may hereinafter accrue on my behalf, which arise or may hereafter arise from my participation with the activity. By attending and/or participating in the activity, you are deemed to have given a full release of liability to the released parties to the fullest extent permitted by law.

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Signature

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Printed Name

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Date