



LPA COVID-19 Liability Waiver

The safety and well-being of our LPA community is a top priority. The LPA National board continues to support the recommendations of the CDC and other health organizations. At this time, the LPA National board supports all LPA Districts with implementing their own policies in regards to their District Regionals and COVID-19.


- LPA will follow any and all guidelines required by the hotel, local county and/or state CDC that may not be listed below.
- LPA strongly encourages all eligible attendees to be vaccinated. However, LPA District NOT be implementing any vaccination requirements or verifications in order to register, attend and participate at the Regional event. Therefore, the event will have people who are fully vaccinated and those who are unvaccinated including children under the age of 12.
- The mask and social distancing policy during the time of the event will follow the current CDC recommendations as well as the hotel or any current local county guidelines at that time. We encourage these policies whenever possible.
- There will be hand sanitizer available for use in the LPA designated areas of the hotel i.e., the main ballroom, kids' room and the doctor's appointment rooms.
- LPA encourages and recommends preventative measures to reduce the spread of COVID-19. However, LPA, under no circumstances, is able to guarantee that anyone attending or listed on the LPA Regional Registration Form will not be exposed to COVID-19 while attending this event.

Assumption of the Risk and Release Waiver of Liability:

- I agree to follow the safety recommendations listed above and acknowledge that I am voluntarily attending the LPA event with the knowledge of the risk involved. I agree to accept and assume all risks related to COVID-19 arising from my participation at the LPA event.

- I agree not to attend the LPA Regional event if I or anyone listed on my Registration Form is experiencing symptoms of COVID-19 such as cough, shortness of breath, fever, has a confirmed or a suspected case of COVID-19 or has come in contact with anyone in the 14 days prior who has been confirmed or suspected of having COVID-19.

I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending the LPA Regional Event and such exposure or infection may result in personal injury, illness and/or death. I understand that there is a risk of becoming exposed to or infected by COVID-19 and that risk that may result from the actions, omissions, or negligence of myself and others. 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 attending the LPA Regional Event. On my behalf, I do hereby release, hold harmless, and forever discharge LPA including any and all agents, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, from any and all claims, liabilities, cost demands, damages, actions, causes of action or suits of any kind or nature whatsoever, which I now have or may hereafter have, arising out of or in any way relating to any and all injuries, illnesses and damages of any and every kind. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of LPA, it's employees, agents and representatives, whether a COVID19 infection occurs before, during or after my attending the LPA Regional Event.

LPA COVID-19 Liability Waiver Acknowledgment: I acknowledge that I have read and consent to the LPA COVID-19 Liability Waiver. I also agree that as a member of LPA I will adhere to all rules and policies set forth in this waiver. 

Name:
Date:

Parent or Guardian Acknowledgment:

I am the parent or guardian of _____. On behalf of him/her, I have read and consent to the LPA COVID-19 Liability Waiver. I also agree that as a member of LPA I will adhere to all rules and policies set forth in this waiver.

Name:
Date: