

**FMCA EVENT WAIVER AND RELEASE OF  
LIABILITY FOR EXPOSURE TO COVID-19  
(All Events for 2020-2021 or Single Event)**

**Area or Chapter Name:** \_\_\_\_\_

**Check As Applicable:**                      **Single Event** \_\_\_\_\_                      **All 2020-2021 Events** \_\_\_\_\_

**If Single Event: Place of Event:** \_\_\_\_\_                      **Date(s) of Event:** \_\_\_\_\_

The FMCA Area or Chapter listed above (the "Sponsor") is scheduling an event or events. As a condition to attending an event, each attendee hereby acknowledges, certifies, and agrees to the following:

1. The undersigned attendee agrees to comply with mask, social distancing and other Covid-19 protocols required by applicable government bodies, the Sponsor, and/or venue mandates. Failure to do so may result in the attendee being asked to leave an event and may result in the forfeiture of any registration fee.
2. Regardless of adherence to mandated protocols, requirements, and recommendations, there is a risk of Covid-19 exposure whenever an individual enters a public space, a building with other people, or is in a crowd of individuals. By attending an event, the undersigned attendee is assuming the risk of Covid-19 exposure.
3. Knowing the foregoing risk, the undersigned attendee accepts sole responsibility for any exposure to Covid-19 and resulting health conditions that may occur as a result of attendance at an event.
4. The undersigned attendee hereby releases and holds harmless Family Motor Coach Association, the Sponsor, and its respective officers, directors, and staff from any and all responsibility for illness, death, or other losses arising from exposure to Covid-19 at an event.
5. The undersigned attendee acknowledges that FMCAssist does not cover Covid-19.

**THE UNDERSIGNED ATTENDEE HAS READ AND UNDERSTANDS THE ABOVE WAIVER AND RELEASE, UNDERSTANDS THE RISKS POSED BY COVID-19, AND SIGNS THE WAIVER AND RELEASE VOLUNTARILY.**

Attendee's Name (print): \_\_\_\_\_

Attendee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attendee's Name (print): \_\_\_\_\_

Attendee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_