



Health and Safety Policy for In-Person Meetings and Events of the Minnesota/Dakotas Chapter of the American Immigration Lawyers Association and Liability Waiver & Release

The Minnesota/Dakotas Chapter of the American Immigration Lawyers Association (AILA) (“the Chapter”) continues to monitor the evolving situation around COVID-19 and its variants, and how COVID-19 impacts in-person meetings and events for its members. We ask that all members (and their guests/families) who attend in-person meetings and events sponsored by the Chapter follow the procedures set forth below, and to make informed choices about travel, conduct, and engagement with fellow members. This policy pertains to meetings and events of the Minnesota/Dakotas chapter of AILA only. It does not pertain to meetings and events of AILA national, nor of other AILA chapters.

COVID-19 Health and Safety Information and Protocols

An inherent risk of exposure to COVID-19 exists in any public place where people are present. The Chapter will follow the applicable COVID-19 health and safety measures put into effect by the venue where the event takes place. In-person attendance is limited to all registered participants who have completed the registration process and signed this Waiver as instructed.

Assumption of Risk & Agreement

By registering for an in-person meeting or event sponsored by the Chapter, you voluntarily agree to the following:

- To assume all risks related to exposure of COVID-19.
- To accept primary responsibility for taking steps to protect yourself from contracting COVID-19.
- To follow all federal/local public health and governmental guidelines on COVID-19 health and safety in effect at the time of the event.
- To fully comply with any health, safety, and other policies instituted by the Chapter and the venue while attending the event, including modifications and/or enhancements of health and safety protocols.
- To provide proof of complete vaccination against COVID-19 upon arrival at the event.
- To pay for all costs and expenses if you contract COVID-19 or test positive for COVID-19 while at the event, including, but not limited to, medical care, transportation to and from a medical facility, and changes in travel plans.
- You agree that failure to abide by the terms and conditions of attendance in effect at the time of the event will result in you no being permitted to attend the event, and, if cancellation is for your failure to abide by the terms and conditions of attendance, you will receive no refund.
- Under no circumstances will the Chapter, its officers, and/or its contractors, be liable to you (or to anyone claiming through you) for any injury, damages, claims, liabilities, costs, expenses, or other loss of any kind, arising in any manner from COVID-19 or otherwise arising from your attendance at, or participation in, the event.
- You agree that this Liability Waiver & Release of Claims does not supersede or limit any applicable law limiting or barring the liability of the Chapter, its officers, and/or its contractors from any claims related to COVID-19.

All participants must be fully vaccinated against COVID-19 before attending the in-person meeting or event and be prepared to show proof of vaccination upon arrival. Anyone providing false information about their vaccination status may be barred from future meetings or events. “Fully vaccinated” means two weeks after (1) the second dose in a 2-dose series, or (2) a single dose vaccine. If a booster is required by the Chapter or the venue, “fully vaccinated” includes a booster dose.

SIGNATURE/EXECUTION

You must signify your agreement to the terms and obligations in this document by signing this Liability Waiver and Release and returning to the event organizer. **Please initial one of the options listed below, print name, date, sign, and return to event organizer by date provided.**

- I affirm I have carefully read this Liability Waiver and Release, understand its terms, and agree to be bound by all terms and conditions set forth herein.
- I do not agree to the terms and conditions of this Waiver. Please transfer my registration to the webcast option (if applicable).
- I do not agree to the terms and conditions of this Waiver. Please process a full refund (if applicable).

Name: _____ Signature: _____ Date: _____