

CREW DINE AROUNDS ASSUMPTION OF RISK, WAIVER AND RELEASE

READ ENTIRELY BEFORE SIGNING

In consideration of my membership and participation in CREW – Commercial Real Estate Women Atlanta, Inc. (“**CREW ATL**”) programs and events and my entry into the facilities where the same are held, I expressly agree, on behalf of myself, my heirs, executors, administrators, successors and assigns, that CREW ATL and its insurers, directors, members, agents, sponsors, speakers and guests, shall not be liable for my participation in CREW ATL programs and events and entry into facilities hosting the same, and I further agree that:

1. The risks of injury, illness, permanent paralysis and death (including, without limitation, communicable diseases such as Covid-19, influenza, and MRSA), from my participation in any CREW ATL hosted programs and facilities exist, and although protocols, personal hygiene and discipline may reduce these risks, they do not eliminate the risks;
2. I am informed about public health matters including public health states of emergency as they are issued and are revised from time to time, and the risks of accessing EFC during any public health state of emergency, and I willingly agree to comply with all public health guidelines and orders that may apply to me;
3. I KNOWINGLY AND FREELY ASSUME ALL RISKS AS OUTLINED ABOVE, both known and unknown, and EVEN IF ARISING FROM THE NEGLIGENCE OF CREW ATL, its directors, members, agents, sponsors, speakers or guests (“RELEASEES”), and I assume full responsibility for my participation in and attendance at such programs and events;
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY WAIVE, RELEASE AND HOLD HARMLESS RELEASEES WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I will provide upon request and EFC may disclose upon receipt, health information as required or requested by any local, State or Federal governmental body.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I acknowledge receipt of a copy of this Agreement.

Name: _____

Signature: _____

DATE SIGNED: _____