

**Small Boarding Schools Association
Attestation Form and Release of Liability for Communicable Disease**

This statement shall be submitted to SBSA and the host school prior to conference arrival or signed at registration.

To be completed by the conference participant:

Name:

School:

I declare that I have not had any of the following symptoms during the last 48 hours:

- Fever or chills ;
- Cough or aggravation of my usual cough;
- Unusual fatigue;
- Shortness of breath;
- Muscle aches and/or pains;
- Headaches;
- Loss of taste or smell;
- Unusual diarrhea;
- Scratchy or irritated throat.

I hereby declare that I have no knowledge of having been in contact with a confirmed case of COVID-19 during the last fourteen days prior to departure.

I hereby agree to disengage with conference events and activities and to self-isolate, should symptoms of COVID become present. I agree to make every effort to ensure the safety and well-being of the community.

Small Boarding Schools Association (SBSA) (the “Organization”) has taken preventative measures to reduce the spread of communicable disease including but not limited to COVID-19 (“Communicable Disease”) at the 2022 Small Boarding Schools Association Conference (the “Event”). However, the Organization cannot guarantee that you will not be exposed to or contract a Communicable Disease traveling to and/or at the Event. Further, due to the nature of the facilities, services and programs offered

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at this Event, traveling to and/or attending the Event could increase your risk of contracting a Communicable Disease.

I understand the risk that I may be exposed to or infected by a Communicable Disease by traveling to and/or attending the Event and that such exposure or infection may result in quarantine requirements, serious illness, permanent disability and/or death. I further understand that the risk of becoming exposed to or infected by a Communicable Disease traveling to and/or at the Event may result from the actions, omissions or negligence of myself and others, including, but not limited to, the Organization, its officers, employees, contractors, agents, representatives, sponsors, other participants, and any owners and lessors of premises used to conduct the Event (“Releasees”). I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, and assume full responsibility for my voluntary travel to and participation in the Event and agree not to sue the Organization for any claims released by me herein.

In consideration of being allowed to participate in the Event, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, acknowledge and agree as follows:

- a. I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE AND HOLD HARMLESS the Releasees, with respect to any and all liabilities, claims, penalties, suits, demands, judgments, costs, interests and expenses (including attorneys’ fees and costs) arising from or relating to the illness, disability or death of myself (or any person who may contract a Communicable Disease, directly or indirectly, from me), to the fullest extent permitted by law.

- b. THIS WAIVER AND RELEASE OF LIABILITY INCLUDES ANY CLAIMS BASED ON THE ACTIONS, OMISSIONS OR NEGLIGENCE OF THE RELEASEES, WHETHER AN INFECTION OCCURS BEFORE, DURING, OR AFTER PARTICIPATION IN THE EVENT.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature:

Date: ____ / ____ / ____