



THE COMPETITIVE ADVANTAGE FOR U.S. MOLD BUILDERS.

COVID-19 Declaration & Release Form

Signature Required Prior to Entry

American Mold Builders Association, and all others involved in the preparation, presentation, organization, and/or hosting of AMBA Conference 2021, June 22 -24, are hereinafter referred to as AMBA.

Failure to sign this Declaration & Release Form will result in immediate exclusion from the Conference.

AGE OF CONSENT:

- I am an adult over the age of eighteen (18)

COVID-19 SYMPTOMS

- Fever
- Dry Cough
- Tiredness
- Loss of Taste
- Loss of Smell

I AGREE TO THE FOLLOWING:

- I understand the aforementioned COVID-19 Symptoms.
- I affirm that neither I, nor any members of my household, currently has or has experienced the aforementioned symptoms within the past fourteen (14) days. Furthermore, I will immediately inform AMBA and discontinue attendance if I, or any member of my household, develops any of the aforementioned symptoms.
- Submit to daily temperature checks prior to entering the conference venue.
- Wear a face mask or covering while inside, unless fully vaccinated, or seated (socially distanced) at a meal function, in accordance with CDC and state guidelines.

- Use hand sanitizer prior to entering and while in the conference venue.
- I affirm that neither I, nor any member of my household, has been diagnosed with COVID-19 within the past 14 days. Furthermore, I will immediately inform AMBA and discontinue attendance if I, or any member of my household, develops any of the aforementioned symptoms.
- I affirm that neither I, nor any member of my household, has traveled outside of the country or any city considered to be a “hot spot” for COVID-19 infections within the past fourteen (14) days.
- I understand that AMBA cannot be held liable for any exposure to COVID-19.

By signing below, I agree to each statement above and release AMBA from any and all liability for unintentional exposure or harm due to COVID-19.

Print Attendee’s Full Legal Name

Attendee’s Signature

Date of Signature

Attendee Company Phone Number

Attendee Email Address

Attendee’s Cell Phone Number (for traceability purposes - optional)