



LITTLE PEOPLE OF AMERICA  
Empowerment · Awareness · Community

## LPA COVID-19 Liability Waiver

The safety and well-being of our LPA community is a top priority. The LPA Board of Directors continues to support the recommendations of the CDC and other health organizations. To ensure the safety of our members, we are requiring all attendees to read and consent to the LPA COVID-19 Liability Waiver.

- LPA will follow any and all guidelines required by the hotel, local county and/or state CDC that may not be listed below.
- LPA strongly encourages all eligible attendees to be vaccinated. However, LPA Districts will NOT be implementing any vaccination requirements or verifications in order to register, attend and participate at the Regional event. Therefore, the event will have people who are fully vaccinated and those who are unvaccinated including children under the age of 12.
- The mask and social distancing policy during the time of the event will follow the current CDC recommendations as well as the hotel or any current local county guidelines at that time. We encourage these policies whenever possible.
- There will be hand sanitizer available for use in the LPA designated areas of the hotel i.e., the main ballroom, kids' room and the doctor's appointment rooms.
- LPA encourages and recommends preventative measures to reduce the spread of COVID-19. However, LPA, under no circumstances, is able to guarantee that anyone attending or listed on the LPA Regional Registration Form will not be exposed to COVID-19 while attending this event.

### **Assumption of the Risk and Release Waiver of Liability:**

- I agree to follow the safety recommendations listed above and acknowledge that I am voluntarily attending the LPA event with the knowledge of the risk involved. I agree to accept and assume all risks related to COVID-19 arising from my participation at the LPA event.
- I agree not to attend the LPA Regional event if I or anyone listed on my Registration Form is experiencing symptoms of COVID-19 such as cough, shortness of breath, fever, has a confirmed or a suspected case of COVID-19 or has come in contact with anyone in the 14 days prior who has been confirmed or suspected of having COVID-19.

I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending the LPA Regional event and such exposure or infection may result in personal injury, illness and/or death. I understand that there is a risk of becoming exposed to or infected by COVID-19 and that risk that may result from the actions, omissions, or negligence of myself and others. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind that I may experience or incur in connection with my attending the LPA Regional event. I understand and agree that signing this liability waiver releases any claims based on the actions, omissions, or negligence of LPA, it's employees, agents and representatives, whether a COVID19 infection occurs before, during or after my attending the LPA Regional Event.



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**LPA COVID-19 Liability Waiver Acknowledgment:** I acknowledge that I have read and consent to the LPA COVID-19 Liability Waiver. I also agree that as a member of LPA I will adhere to all rules and policies set forth in this waiver.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Parents of Children under 18 years of age:**

Parent or Guardian Acknowledgment:

I am the parent or guardian of \_\_\_\_\_. On behalf of him/her, I have read and consent to the LPA COVID-19 Liability Waiver. I also agree that as a member of LPA I will adhere to all rules and policies set forth in this waiver.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_