



University of the Philippines Nursing Alumni Association International, Inc.
UPNAAI POLICIES and PROCEDURES

Infectious Disease Liability Waiver

I acknowledge the contagious nature of the Coronavirus/COVID - 19 and its numerous variants. I acknowledge the existence of other contagious diseases such as monkey pox. I acknowledge that the CDC and many other public health authorities still recommend wearing masks indoors and in crowded places, social distancing, frequent hand hygiene, and vaccination against COVID-19 virus and other contagious infectious organisms. I further acknowledge that **UPNAAI, Inc.** has put in place safety measures to reduce the spread of the Coronavirus/COVID-19 and other infectious diseases.

I further acknowledge that **UPNAAI, Inc.** cannot guarantee that I will not become infected with the Coronavirus/COVID-19 and other infectious organisms.

I understand that the risk of becoming exposed to and / or infected by the Coronavirus/COVID-19 and other infectious organisms may result from the actions, omissions, or negligence of myself and others, including, but not limited to, convention attendees and their families, venue staff, hotel occupants, motor coach staff and occupants, and volunteer site staff and visitors.

I voluntarily registered for the 44th Annual UPNAAI Convention to be held at **Hyatt Regency Orange County 11999 Harbor Boulevard, Garden Grove, CA 92840** Initial _____

I am following all CDC recommended guidelines as much as possible and limiting my exposure to COVID-19 and other contagious diseases. I hereby release and agree to hold **UPNAAI, Inc.** harmless from, and waive on behalf of myself, my heirs, and any personal representatives, any and all causes of action, claims, demands, damages, costs, expenses, and compensation for damage or loss to myself. Initial_____

DATE _____

Name _____ **Signature** _____