

**ASSOCIATED BUILDERS AND CONTRACTORS EVENT
PERSONAL ACCOUNTABILITY AND RESPONSIBILITY COMMITMENT DOCUMENT**

Associated Builders and Contractors (ABC) requires all members, guests, staff and vendors' personnel to comply with safety precautions specified at the host location in addition to local, state government and CDC guidelines.

Any person disclosing or exhibiting symptoms of COVID-19, or knowingly exposed to the disease, will be refused admittance to the ABC event. Any person refusing to comply with required safety and contact tracing protocols will also be asked to leave the ABC event.

I confirm that I have not knowingly been exposed to anyone testing positive or presenting any symptoms of COVID-19 within the last 14 days and have not myself tested positive or presented any such symptoms, including: temperature over 100.4 F, loss of taste or smell, dry cough, runny nose, or sore throat. _____ (Initial)

I confirm that as a result of an exposure I have quarantined for a minimum of 10 days without testing, or after Day 7 after receiving a negative test result (test must occur on day 5 or later) and have not myself tested positive or presented any such symptoms. _____ (Initial)

I confirm that if asked to while attending ABC's event, I will wear a face covering/mask, and maintain social distancing of at least six feet when possible. _____ (Initial).

Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death. Therefore, if you choose to participate in this ABC event, you may be exposing yourself to or increasing your risk of contracting or spreading COVID-19, despite our safety precautions.

ASSUMPTION OF RISK: I have read and understand the above warning concerning COVID-19. In exchange for being allowed to participate in ABC's event, I hereby choose to accept the risk of contracting COVID-19 for myself or my family.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against ABC and its officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to my participation in ABC's event. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, based upon claims of negligence.

CHOICE OF LAW: I understand and agree that the law of the District of Columbia will apply to this contract.

Signature: _____ Date: _____

Name (printed): _____