



# 2023 Liability Release/Waiver



Thank you for participating in the 90<sup>th</sup> Military Order of the Purple Heart and Military Order of the Purple Heart Auxiliary National Convention.

Please complete this form prior to meeting room entry.

## COVID-19 Assumption of Risk & Waiver of Liability

Attendee is aware of the health hazards of coronavirus (“COVID-19”) and is familiar with federal, state, and local laws, orders, directives, and guidelines related to COVID-19. Attendee understands and acknowledges that MOPH/MOPHA cannot guarantee that Attendee will not become infected with COVID-19 in connection with Attendee’s attendance at the National Convention and that participation in on-site or off-site activities may increase Attendee’s risk of contracting COVID-19. The National Convention is a non-obligatory event and Attendee acknowledges and fully assumes the risk of injury, illness, or death related to COVID-19 arising from the Attendee’s attendance at the National Convention and hereby RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the MOPH/MOPHA from any liability that might occur as a result of attending the National Convention and being exposed to or contracting COVID-19.

## Medical Release, Notification Contact, and Liability

Attendee understands that participating in meetings, programs, recreation, and other activities of the National Convention is non-obligatory. Attendee acknowledges that there are certain risks associated with these activities, including, but not limited to, physical, mental, and/or emotional injury that may occur on-premises or off-premises. Attendee acknowledges that there may be other risks inherent in these activities of which he/she may not be presently aware and Attendee acknowledges and fully assumes the risk of injury, illness, or death related to attending the National Convention and hereby RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the MOPH/MOPHA from any liability that might occur as a result of Attendee attending the National Convention.

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## Medical Alert /Emergency Contact

Kindly provide us with an emergency contact. Please familiarize the contact person with any medications, health conditions, allergies, or other vital health information so that they may be able to relay critical information to the proper care team should an emergency occur.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Is this person at the National Convention? \_\_\_\_\_

ATTENDEE PRINTED NAME: \_\_\_\_\_

ATTENDEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MOPH member or guest? \_\_\_\_\_ MOPHA member or guest? \_\_\_\_\_