Liability Release Waiver

In consideration of my participation in the EJU Administration & Organisation Seminar events, I, the undersigned:

1. Confirm that I have taken good note of the IJF COVID Protocol and hereby undertake comply with it.

2. Acknowledge and agree to the following:

- I am aware of the existence of the risk on my physical appearance to the EJU seminar that may cause injury or illness such as, COVID-19.
- I have not experienced symptoms that of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.
- I have not been, nor any of my household, diagnosed to be infected of COVID-19 virus within the last 30 days.

3. And, following the pronouncements above I hereby declare the following:

- I am fully and personally responsible for my own safety and actions while and during participation and I recognise that I may be in any case be at risk of contracting COVID-19.
- With full knowledge of the risks involved, I hereby release, waive, discharge the EJU, from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any EJU events while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; and I am fully competent to give my consent. That I have been sufficiently informed of the risks involved and give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

Signature*: ....   Date: ....

Print Name*: ....