

**COVID-19 WAIVER AND INDEMNITY**

Prior to attending any Project Management Institute Manitoba Chapter Inc. ("PMI") in-person events, all members are required to execute the enclosed Waiver and Indemnity. A failure to accept the terms of this Waiver and Indemnity will prohibit a member from being eligible to attend any in-person PMI events.

In recognition of the foregoing, I hereby acknowledge and agree that:

- a) I will self-assess before each attendance at any in-person PMI event. If I am experiencing any symptoms relating to COVID-19, including but not limited to fever, dry cough, headache, sore throat, respiratory illness or difficulty breathing, I will undertake not to attend the PMI in-person event;
- b) I will not attend at any in-person PMI events if I have come into close contact with anyone exhibiting the symptoms set forth in a) above;
- c) I agree not to attend any in-person PMI events, if, within fourteen (14) days of the event, I have travelled, or come into contact with an individual who has travelled, and would be required to self-isolate for a fourteen (14) day period of time pursuant to the current Manitoba Public Health Orders;
- d) I will show proof of COVID-19 immunization (or proof of exemption) and photo identification to such in-person events where PMI or the hosting facility requires proof of immunization; and
- e) while in attendance at any PMI in-person event, I agree (i) to make best efforts to social distance from any and all individuals who are not members of my household, (ii) to wear a mask (if instructed to by PMI) and (iii) to follow the instructions of PMI pertaining to mitigating the transmission of COVID-19.

In addition to the undertakings set out above, I hereby agree as follows:

- 1. I hereby accept and voluntarily assume sole responsibility for all risks of death, injury, loss or damage, which arise out of or caused by my attendance at any in-person PMI events, including the transmission of any communicable disease, including COVID-19.
- 2. I hereby, on behalf of myself and my heirs, administrators, executors and assigns, release, remise, and forever discharge and agree to indemnify and save harmless PMI and any and all agents, employees, and board members, from and against any and all claims and expenses, resulting from any loss occasioned by my contraction of any communicable disease, including COVID -19.
- 3. I hereby, on behalf of myself and my heirs, administrators, executors and assigns, covenant and agree not to make any demands or bring any action against PMI or any party who may claim contribution or indemnity from PMI, with respect to any loss occasioned by my contraction of any communicable disease, including COVID-19.
- 4. I am over 18 years of age, have read this document carefully and acknowledge that I am voluntarily signing it and have complete knowledge and understanding of its contents. I recognize that by signing this Waiver and Release I am waiving certain legal rights, including the right to sue for damages.

I hereby agree that all of the terms and provisions set forth in this Waiver and Indemnity shall be binding and valid against myself.

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

\_\_\_\_\_  
Member Name (Print)

\_\_\_\_\_  
Member Name (Signature)