



# EXHIBITOR REGISTRATION FORM

Please submit one form for every registrant and submit to [exhibitsdept@nace.org](mailto:exhibitsdept@nace.org).



## CONTACT INFORMATION

Member/Account #: \_\_\_\_\_ First-time attendee

Attendee Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

## WAIVER OF LIABILITY AND INDEMNITY RELATED TO COVID-19

### Warning

NACE International has taken enhanced health and safety measures—for you, other attendees, exhibitors, and staff. You must follow all posted instructions while visiting AMPP events and activities. An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. I acknowledge that participation in AMPP events and activities brings some risk and I do hereby assume responsibility for my own well-being. I will follow all Centers for Disease Control and Prevention (CDC) guidance, and all posted instructions while visiting AMPP events and activities. I understand, agree and hereby consent that my failure or disregard to follow all protocols in effect and required by AMPP, CDC, the venue provider and governing authorities during my attendance at AMPP International is hereby sufficient grounds to be excluded from attending the event by AMPP or an event authority, and I hereby consent in advance to leave and exit the event, without protest or refund, upon request by AMPP or an event authority due to my refusal to follow said protocols.

### Assumption of Risk

I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself in order to attend a AMPP conference and enter into the conference premises. The conference is of such value to me that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to attend in person.

### Waiver, Release, and Indemnification

As a condition of my participation in this meeting or event, I, do hereby expressly waive any rights against and release and hold harmless AMPP and any of its officers, employees, affiliates, contractors, agents, heirs, legal successors, and assigns (collectively "AMPP") from and against any and all claims, suits, demands, losses, damages, expenses, or liability of whatever kind or nature (collectively "liability"), under any theory of law or equity, that may arise during or as a result of my presence at the premises, including but not limited to any such liability related to or arising out of illness, injury, or death associated with infection of COVID-19 or complications, symptoms, or other effects resulting from contracting COVID-19. I shall defend, indemnify, and hold harmless AMPP and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including attorney fees, fees and the costs of enforcing any right to indemnification under this Agreement, and the cost of pursuing any insurance providers, arising out or resulting from any claim of a third party related to the Activities.

**I UNDERSTAND, AND IT IS MY EXPRESS INTENT, THAT THIS RELEASE AND WAIVER OF LIABILITY RELEASES AMPP FROM SUCH LIABILITY EVEN IF SUCH LIABILITY RESULTS FROM OR IS CAUSED BY THE SOLE OR CONTRIBUTORY OR ACTIVE OR PASSIVE NEGLIGENCE, STRICT LIABILITY, OR OTHER LEGAL FAULT OF AMPP OR ANY THIRD PARTY. I ALSO UNDERSTAND AND AGREE THAT AMPP DOES NOT ASSUME ANY RESPONSIBILITY OR OBLIGATION TO PROVIDE FINANCIAL OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO MEDICAL, HEALTH, OR DISABILITY ASSISTANCE IN THE EVENT OF INJURY OR ILLNESS. IN THE EVENT THAT I OR MY FAMILY MEMBER IS INJURED, BECOMES ILL, OR SUFFERS COMPLICATIONS DUE TO COVID-19, ALLEGEDLY AS A RESULT OF MY PARTICIPATION IN AN AMPP EVENT, I AGREE TO RELEASE AND HOLD HARMLESS AMPP IN THE SAME MANNER AND TO THE SAME EXTENT AS SET FORTH ABOVE.**

### AMPP Transfer Policy

If another individual participates in my place per AMPP transfer policy, the new registrant must agree to this disclaimer and waiver by default of transfer in writing as provided by the First Service department.

### Choice of Law and Venue

I understand and agree that the law of the State of Texas will apply to this contract and the Venue for any legal action would be in Harris County, Texas.

BY COMPLETING THIS FORM, I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE. AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_