ASSOCIATED BUILDERS AND CONTRACTORS EVENT
PERSONAL ACCOUNTABILITY AND RESPONSIBILITY COMMITMENT DOCUMENT

Associated Builders and Contractors (ABC) is offering in-person attendance at its Leadership Institute meeting in Scottsdale, Arizona to members and staff pursuant to local government orders permitting such gatherings at this time. ABC requires all members and staff to comply with safety precautions specified in the state, local 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 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 while attending ABC’s Leadership Institute, I will wear a face covering/mask, and maintain social distancing of at least six feet when possible. _______ (Initial).

Unfortunately, the virus continues to spread from person-to-person contact and other means, and people reportedly can spread the disease without showing symptoms. There is still no known treatment, cure, or vaccine for COVID-19. 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 Leadership Institute, 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 Leadership Institute. 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): ____________________________