



## **National Homeland Security Conference 2026 Waiver and Release of Liability for Communicable Disease**



The National Homeland Security Association (herein NHSA) is dedicated to ensuring the safety of all participants. NHSA has implemented comprehensive measures to mitigate the risk of communicable diseases, including, but not limited to, COVID-19 ("Communicable Disease"), at in-person events. However, I acknowledge that NHSA cannot guarantee that I will not be exposed to a Communicable Disease at the event. Further, due to the nature of the facilities, services, and programs offered at this event, I understand that attending the event could increase my risk of contracting a Communicable Disease.

I agree to abide by all applicable COVID-19 and other communicable disease-related requirements, advisories, policies, procedures, and protocols of the hotel, conference/convention center, and NHSA, as well as the CDC, the state in which the event occurs, and any other governmental authority for the duration of my stay.

I understand the risk that I may be exposed to or infected by a Communicable Disease by attending the event and that such exposure or infection may result in quarantine requirements, serious illness, permanent disability, and/or death. I further understand that the risk of becoming exposed to or infected by a Communicable Disease at the event may result from the actions, omissions, or negligence of myself and others, including, but not limited to, NHSA, its officers, employees, contractors, agents, representatives, sponsors, other participants, and any owners and lessors of premises used to conduct the event ("Releasees"). I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, and assume full responsibility for my participation in the event.

In consideration of being allowed to participate in the event, I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, acknowledge and agree as follows:

I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS the Releasees, with respect to any and all liabilities, claims, penalties, suits, demands, judgments, costs, interests, and expenses (including attorneys' fees and costs) arising from or relating to the illness, disability or death of myself (or any person who may contract a Communicable Disease, directly or indirectly, from me), as a direct or indirect result, in whole or in part, of a Communicable Disease, to the fullest extent permitted by law.

THIS WAIVER AND RELEASE OF LIABILITY INCLUDES ANY CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE RELEASEES, WHETHER

AN INFECTION OCCURS BEFORE, DURING, OR AFTER PARTICIPATION IN THE EVENT.

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Please confirm your acceptance of the Waiver and Release of Liability for Communicable Disease. This is a mandatory requirement and must be done before the commencement of the Annual Conference. Failure to do so may result in your inability to attend or participate.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I MAY BE GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN IT FREELY AND VOLUNTARILY, ACKNOWLEDGING MY RESPONSIBILITY IN UNDERSTANDING AND ACCEPTING ITS TERMS.