

NHM HEALTH WAIVER

Please check any of the symptoms you have experienced three days before NHM Conference event begins. If you CHECK any item below, please, do not attend the event.

1. Please check yourself for these symptoms:

- Fever of 100.4 degrees or higher
- Chills or feeling feverish
- New, uncontrolled cough
- Shortness of breath or difficulty breathing
- Loss of taste or smell
- Sore Throat
- Significant fatigue, muscle or body aches
- New onset of severe headache, especially with fever
- Diarrhea, nausea, vomiting, abdominal pain

If you have any of these symptoms, you may have an illness that puts you at risk for spreading illness to others. For a full list of COVID-19 symptoms, click here: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

2. Have you had **close contact within 6 feet for at least 15 minutes cumulative in a 24 hour period with a person with confirmed COVID-19 in the last 14 days?**

- Yes No

3. Do you have a **household member who has tested positive for COVID-19 or has had symptoms of COVID-19 in the last 14 days?**

- Yes No

4. Have you **traveled to any areas** identified in the State of Oklahoma's Travel Advisory <https://oklahoma.gov/covid19/resources-recommendations/travel.html> in the past 14 days?

- Yes No

ASSUMPTION OF THE RISK. By signing this waiver, I acknowledge and understand the following:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of NHM or if I refuse to follow protocols as set by NHM; and
3. I hereby knowingly assume the risk of injury, harm and loss associated with the NHM Conference Event, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of NHM.

Attendee **Date:** _____

Guardian (if Attendee is under 18) **Date:** _____