



Attest Statement

NAWIC Chapter: _____

Event: _____

I, _____, do hereby attest that I do not have or do not believe I have COVID-19 and have no signs or symptoms of possible COVID-19, as outlined by the Center of Disease Control (CDC):

- Cough
- Sore throat
- Headache
- Fatigue
- Shortness of breath or difficulty breathing
- Loss of taste or smell
- Chills
- Nausea or vomiting
- Diarrhea
- Feeling feverish or a measured temperature greater than or equal to 100.0° Fahrenheit
- Muscle or body aches

I further attest that I have had no known close contact with a person who is lab-confirmed to have COVID-19 within the last 14 days.

Signature: _____

Date: _____



Release and Waiver of Liability

Event: _____

Name: _____

Company: _____

Email: _____

In consideration for being accepted by the National Association of Women in Construction _____ Chapter # _____ (“NAWIC”) for participation in the event described above (the “Activity”), I, being 18 years of age or older, do for myself (and for and on behalf of my child-participant if said child is not 18 years of age or older) hereby release, forever discharge and agree to hold harmless NAWIC and its employees, directors, officers, and volunteers from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever that may be incurred by the undersigned (and the child-participant) that occurs while I (my child) is participating in the Activity.

Furthermore, I (and on behalf of our (my) child-participant if under the age of 18 years) hereby acknowledge and assume all risk of personal injury, sickness, death, damage and expense as a result of my (my child’s) participation in the Activity. I further agree to hold harmless, defend, indemnify NAWIC, its employees, directors, officers, and volunteers, for any liability sustained by any of them as the result of my (my child’s) negligent, willful or intentional acts, including expenses incurred attendant thereto.

I expressly agree on behalf of myself (and my child) that this Liability Release and Indemnification Agreement is intended to be broad and inclusive, and that if any portion thereof is held invalid, the balance shall continue in full legal force and effect. I further state that I have carefully read this Agreement, have asked and received answers to any questions, and signed this agreement as my own free act.

Participant’s Signature: _____

Parent/Guardian Name: _____

Signature of Parent/Guardian: _____

Date: _____