

# Exhibit Staff Name Badge Form

Deadline: September 26, 2022

**2022 NCPN Connect Conference**  
**October 20 - 22 • Atlanta Marquis Marriott**  
**Exhibit Hall Show Days: Fri. October 21 / Sat. October 22**



## Waiver of Liability and Indemnity Related to COVID-19

In order to exhibit at NCPN CONNECT 2022, all exhibitors and additional staff working in the booth are **required** to accept the *Waiver of Liability and Indemnity Related to COVID-19*.

Exhibit booth registrations will not be accepted without the signed form.

*To indicate acceptance, print, sign, and submit the waiver appended to this form.*

Exhibiting Company: \_\_\_\_\_ Booth Number(s): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Exhibitor Registration Fees\*

- Each company receives two complimentary registrations for each 8'X10' booth space purchased.
- Exhibit hall passes for additional staff are available for \$100 per person.
- Conference registrations for additional staff are available at regular conference rates.
- Contact Linda Locke at 254-741-8334, or [llocke@cord.org](mailto:llocke@cord.org) for details.

\*Exhibitors who have not turned in their Exhibit Staff Name Badge Form by September 26th, must register staff on-site.

Please type or print names as they should appear on name badges. If it is necessary to substitute staff prior to the conference, the exhibitor is responsible for notifying **Linda Locke** by email ([llocke@cord.org](mailto:llocke@cord.org)) to ensure name badges are provided.

### Complimentary Pass/Conference Registration (two per booth)

|    | Name  | Email | City  | State |
|----|-------|-------|-------|-------|
| 1) | _____ | _____ | _____ | _____ |
| 2) | _____ | _____ | _____ | _____ |

### Additional Exhibit Hall Passes @ \$100 each (Please include payment with this form.) (For Exhibit Hall Only)

|    | Name  | Email | City  | State |
|----|-------|-------|-------|-------|
| 1) | _____ | _____ | _____ | _____ |
| 2) | _____ | _____ | _____ | _____ |

## BILLING INFORMATION:

Number of Exhibit Hall Passes \_\_\_\_\_ x \$100 = \$ \_\_\_\_\_

Billing Organization: (If different than Exhibitor) \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Check # \_\_\_\_\_ is enclosed

## Please return form to:

Linda Locke • NCPN • P.O. Box 21689 • Waco, TX • 76702-1689 • Fax: 254-776-2306

For questions, contact Linda Locke at [llocke@cord.org](mailto:llocke@cord.org) or 254-741-8334

# Waiver of Liability and Indemnity Related to COVID-19

## Warning

*NCPN, an organization of the Center for Occupational Research and Development (CORD), cares about the safety and wellness of all event attendees. 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 NCPN events and activities brings some risk and I do hereby assume responsibility for my own well-being.*

## Waiver, Release, and Indemnification

As a condition of my participation in the NCPN Conference, I, do hereby expressly waive any rights against and release and hold harmless CORD and any of its officers, employees, affiliates, contractors, agents, heirs, legal successors, and assigns (collectively "CORD") 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 CORD 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, 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 CORD 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 CORD OR ANY THIRD PARTY. I ALSO UNDERSTAND AND AGREE THAT CORD 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 A NCPN/CORD EVENT, I AGREE TO RELEASE AND HOLD HARMLESS CORD IN THE SAME MANNER AND TO THE SAME EXTENT AS SET FORTH ABOVE.**

## NCPN/CORD Transfer Policy

*If another individual participates in my place per NCPN's transfer policy, I understand that the new registrant must agree to this disclaimer and waiver in writing. I agree to assist in securing a signed waiver from the individual participating in my place should a transfer/substitution become necessary.*

## 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 McLennan County, Texas.*

**BY COMPLETING THE REGISTRATION FOR THIS EVENT, 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:**

Name

---

Signature

---

Date

---