

**OREGON STATE BAR  
RELEASE AND ASSUMPTION OF RISK FOR  
IN-PERSON REOCCURRING MEETINGS AND EVENTS**

*Anyone planning to attend meetings or events that will be held in-person must execute the following Release and Assumption of Risk. Electronic signatures will be accepted. Should an attendee not complete and return this Release and Assumption of Risk prior to the in-person event, they may do so at the meeting or event site. Without an executed Release and Assumption of Risk from an attendee, that individual cannot attend the in-person meeting or event.*

**RECITALS**

- A. The Oregon State Bar ("the Bar") will take all steps necessary to comply with existing federal, state and local public health laws and orders designed to prevent the transmission of COVID-19.
- B. The Bar will continually assess, based on current public health conditions, whether to postpone or cancel meetings and events. While the Bar will try to give groups sufficient notice of any changes, the prevalence of COVID-19 and COVID-19 variants have created a fluid environment that requires flexibility on the part of the Bar.
- C. Compliance with public health orders is only possible with the full commitment and cooperation of all attendees of in-person meetings and events.
- D. The Bar plans to host the following in-person meetings or events during the following dates ("the Event"):  

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(Event Name) (dates)
- E. Upon an attendee's request no later than 48 business hours prior to the date of the Event, the Bar can make reasonable accommodations available for virtual attendance under the Americans with Disabilities Act.

**COVID-19 DECLARATION AND  
RELEASE OF INFORMATION FOR COVID-19 CONTACT TRACING**

I, \_\_\_\_\_ hereby affirm that:

- 1. I understand the Bar provides attendees with the option to remotely attend the Event. I understand that the Bar may provide attendees with this alternative upon an attendee's request for such a reasonable accommodation under the Americans with Disabilities Act.
- 2. I agree I will not attend the Event or any portion thereof if I have any reason to believe I have COVID-19, unless, a licensed health provider confirms that I do not have COVID-19 or informs me that I am no longer contagious.
  - (a) For purposes of this declaration, an attendee has "reason to believe" the attendee has COVID-19 if:
    - (i) Within 14 days of the Event, the attendee is exposed to an individual with a confirmed case of COVID-19;
    - (ii) Within 14 days of the Event, the attendee has symptoms of COVID-19; or
    - (iii) The attendee has tested positive for COVID-19.

(b) For purposes of this declaration, “symptoms of COVID-19” means symptoms of COVID-19 identified by the United States Center for Disease Control, including without limitation:

- (i) cough,
- (ii) shortness of breath or difficulty breathing,
- (iii) fever,
- (iv) chills,
- (v) muscle pain,
- (vi) sore throat,
- (vii) headache, and
- (viii) new loss of taste or smell.

3. If I have reason to believe I have COVID-19, I acknowledge I will not be permitted to attend the Event, or the portion of the Event during which I must isolate or quarantine.
4. If the Bar determines that it is necessary to measure the body temperature of attendees before they enter the Event, then I consent to having my temperature measured at that time, and agree that I will not attempt to enter the Event unless and until my temperature has been measured and I have been approved for entry.
5. I have read and acknowledge the Oregon Health Authority’s regulations and guidance related to COVID-19, available at <https://govstatus.egov.com/OR-OHA-COVID-19>. I have taken reasonable efforts to remain informed about all Oregon public health laws and orders related to COVID-19, and will continue to do so until I attend the Event.
6. I agree that upon request by any federal, state or local public health official engaged in contact tracing related to the spread of COVID-19, the Bar may disclose my attendance at any portion of the Event, together with any email address and phone number I have provided to the Bar.
7. I acknowledge that the Bar’s policies, procedures and protocols are intended to reduce the risk of transmission of COVID-19. I recognize that in order to ensure the safest environment possible, absent accommodation under the Americans with Disabilities Act, the Bar must require all in-person attendees of the Event to comply with all policies, procedures and protocols.

I HEREBY DECLARE THAT THE ABOVE STATEMENTS (NOS. 1-7) ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
Attendee Name (please print)                      Attendee Signature                      Date

\_\_\_\_\_  
Attendee Bar Number (if applicable)

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I acknowledge that in spite of all of the policies and procedures in place to protect attendees, attending the Event or any portion thereof could lead to my exposure to or infection with COVID-19. COVID-19 and its variants, also known as Coronavirus, is a highly contagious virus and can result in serious illness, debilitating injury, or death.

I have evaluated my decision to attend the Event in person, in light of the risks of exposure to and infection with COVID-19. I have consulted with my health providers about my individual risks as necessary. I understand that the Bar will facilitate remote participation as an alternative accommodation in lieu of in-person attendance at the Event under the Americans with Disabilities Act. I have decided to attend the Event in-person despite the risk of exposure to or infection with COVID-19.

**I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS OF EXPOSURE AND INFECTION OF COVID-19 AND ITS VARIANTS, BOTH KNOWN AND UNKNOWN, AND AGREE NOT TO HOLD THE OREGON STATE BAR, OR THEIR DIRECTORS, OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS (THE "OREGON STATE BAR PARTIES"), LIABLE FOR ANY COVID-19 RELATED ILLNESS OR INJURY. I ASSUME FULL RESPONSIBILITY FOR MY IN-PERSON PARTICIPATION FOR THIS EVENT OR ANY PORTION OF THE EVENT.**

**I, FOR MYSELF AND ON BEHALF OF MY PARENTS, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND ESTATE HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE OREGON STATE BAR PARTIES WITH RESPECT TO ANY AND ALL COVID-19 RELATED ILLNESS, INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY.**

I have read the contents of this release and I sign this voluntarily and with full understanding of its contents.

\_\_\_\_\_  
Attendee Name (please print)

\_\_\_\_\_  
Attendee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attendee Bar Number (if applicable)

### Vaccination Attestation Form

At all Oregon State Bar (“OSB”) in-person events, the health and safety of all participants, including registered attendees, presenters, volunteers, and staff are the OSB’s top priority. Due to the ongoing COVID-19 pandemic, the OSB requires that all in-person participants complete the OSB’s Vaccination Attestation Form prior to attending any in-person OSB meeting or event.

All participants must complete the OSB’s Vaccination Attestation Form prior to attending any in-person OSB meeting or event to confirm that the attendee received the standard series of vaccinations against COVID-19 at least 14 days prior to the event or meeting date or received a negative COVID-19 test result within 24 hours of the event or meeting date.

Attendees requiring an accommodation under federal or state law may request an accommodation by contacting the OSB’s ADA Coordinator, Nik Chourey, at [nchourey@osbar.org](mailto:nchourey@osbar.org).

I attest that:

- I received the standard series of vaccinations against COVID-19 at least 14 days prior to the event or meeting date; OR
- I received a negative COVID-19 test result within 24 hours of the event or meeting date.

I understand that providing false information regarding my vaccination status on this form may subject me to disciplinary action for violation of the Oregon Rules of Professional Conduct.

\_\_\_\_\_  
Attendee Name (please print)                      Attendee Signature                      Date

\_\_\_\_\_  
Attendee Bar Number (if applicable)