

**AARP Smart Driver COVID-19  
Registration Disclosures/Disclaimers**

By attending this AARP Driver Safety offering, I hereby acknowledge and agree that:

- The dates, locations, times and format of this offering are subject to change due to COVID-19 protocols with little to no notice.
- I assume all risk in connection with participating in this offering and understand that the COVID-19 pandemic remains a threat to individuals and public health and that COVID-19 is a highly contagious disease.
- I release AARP and its affiliates, and their respective, employees, directors, officers, volunteers, vendors and agents from and all liability of every kind.
- I have not exhibited any of COVID-19 symptoms in the last 10 days, including without limitation, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and diarrhea.
- I have not had a positive COVID-19 confirmation within the past 10 days and have not been in close contact with a person who tested positive for COVID-19 in the past 10 days.
- My personal information can be shared with health authorities for contact tracing purposes.
- I will immediately leave the premises if asked by an AARP representative upon the belief that I am exhibiting COVID-19 symptoms.
- If I test positive for COVID-19 within 10 days from the date of this event/program, I will immediately contact AARP at 800-569-1658 and disclose that information.

**BY SIGNING BELOW, I CERTIFY THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE TERMS AND CONDITIONS ABOVE.**

First and Last Name (Print): \_\_\_\_\_

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sign once per day/session and return to the event leader**

**AARP Volunteers – signed forms should be included in course paperwork and sent to Long Beach.**

