

REGISTRATION FORM LEGISLATIVE UPDATE SEMINAR

[Register online](#) or register by mailing this form with check. Mail registration form & payment to: **TMCCP, 1155 Union Circle #305067, Denton, TX 76203**

REFUND POLICY: If you are unable to attend, we encourage you to send a substitute. If you cannot send a substitute, a refund or transfer to a subsequent seminar (less a \$25 processing fee) will be honored if **written** cancellation is received by **Aug. 4, 2021**. No refunds can be honored after that date. Allow 2-4 weeks to process refunds. (Email: municlerks@unt.edu)

NAME (first attendee)	NAME (second attendee)
TITLE (first attendee)	TITLE (second attendee)
CITY/ORGANIZATION	
EMAIL ADDRESS (first attendee)	EMAIL ADDRESS (second attendee)

EMAIL ADDRESS WILL BE USED TO SEND YOU REGISTRATION CONFIRMATION & HANDOUTS

(please list any additional attendees on an attached sheet of paper)

ADDRESS + CITY/STATE/ZIP
PHONE

REGISTRATION FEES Fees include instructional materials, Thurs. & Fri. breakfasts, Thurs. luncheon. Registration fees apply to attendees from the same city:

# OF ATTENDEES		FEE	TOTAL
1	Postmarked by Aug. 4, 2021	\$280	\$ _____
	Postmarked after Aug. 4, 2021	\$330	\$ _____
2	Postmarked by Aug. 4, 2021	\$540	\$ _____
	Postmarked after Aug. 4, 2021	\$640	\$ _____
3	Postmarked by Aug. 4, 2021	\$795	\$ _____
	Postmarked after Aug. 4, 2021	\$945	\$ _____

TOTAL \$ _____

Because of the current COVID-19 pandemic, we are asking every registrant to fill out the following waiver. **Each registrant on the form, please submit a separate signed waiver.**

**CORONAVIRUS/COVID-19
ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal, state, and local health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Texas Municipal Clerks Association, Inc. (TMCA, Inc.) has put in place preventative measures to reduce the spread of COVID-19. **HOWEVER, WE CANNOT GUARANTEE THAT YOU WILL NOT BECOME INFECTED WITH COVID-19. FURTHER, ATTENDING THIS EVENT COULD INCREASE YOUR RISK OF CONTRACTING COVID-19.**

BY REGISTERING FOR THIS EVENT OR AUTHORIZING REGISTRATION BY MY AGENT, I (THE DELEGATE) ACKNOWLEDGE THE CONTAGIOUS NATURE OF COVID-19 AND VOLUNTARILY ASSUME THE RISK THAT I MAY BE EXPOSED TO OR INFECTED BY COVID-19 BY ATTENDING THE EVENT AND THAT SUCH EXPOSURE OR INFECTION MAY RESULT IN PERSONAL INJURY, ILLNESS, PERMANENT DISABILITY, AND DEATH. I understand that the risk of becoming exposed to or infected by COVID-19 at the event may result from the actions, omissions, or negligence of myself and others, including, but not limited to, TMCA, Inc., or volunteers, program participants, and others.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at the event or participation in related activities.

I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS TMCA, INC., ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES, OF AND FROM THE CLAIMS, INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS, OR EXPENSES OF ANY KIND ARISING OUT OF OR RELATING THERETO. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of TMCA, Inc., its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any TMCA, Inc., program.

I have read and accept this COVID-19 Assumption of the Risk and Waiver of Liability.

Attendee Signature

Today's Date