



PARTICIPANT ACKNOWLEDGEMENT AND WAIVER

Name: _____

Date: _____

The undersigned (“Participant”) hereby understands, acknowledges, and assumes the risk that the infectious pathogen or disease known as the coronavirus (“COVID-19”) may be contracted by attending the ATP CIO Golf Tournament (the “Event”) and by Participant’s presence on the grounds and use of the facilities at St. Ives Country Club located at 1 St. Ives Country Club Drive, Johns Creek, Georgia 30097 (the “Premises”). Participant voluntarily assumes all responsibility for and all risks associated with contracting COVID-19, including, but not limited to, sickness, disease, bodily injury, permanent disability, and death. Participant’s use of the Premises is done with full knowledge and disclosure of the risks and dangers associated with such use despite any action, omission, or failure of ATP, including its managers, officers, directors, vendors, or agents, to act or comply with applicable health-related guidelines, regulations, ordinances, statutes, executive orders, or rules issued or promulgated by any federal, state, or local government agency or department, or to otherwise moderate the presence of COVID-19. While using the Premises, Participant shall comply with all applicable health guidelines, regulations, ordinances, statutes, executive orders, and rules issued or promulgated by any federal, state, or local government agency or department, or such rules, guidelines, policies, restrictions, including signage, of St. Ives Country Club, and will otherwise take any necessary measures to prevent infection.

IN ACCORDANCE WITH GEORGIA LAW, ANY PERSON ENTERING THE PREMISES WAIVES ALL CIVIL LIABILITY AGAINST THE PREMISES OWNER AND OPERATOR AND ATP, INCLUDING THEIR MANAGERS, OFFICERS, DIRECTORS, VENDORS, OR AGENTS, FOR ANY INJURIES CAUSED BY THE INHERENT RISK ASSOCIATED WITH CONTRACTING COVID-19 AT PUBLIC GATHERINGS, EXCEPT FOR GROSS NEGLIGENCE, WILLFUL AND WANTON MISCONDUCT, RECKLESS INFLICTION OF HARM, OR INTENTIONAL INFLICTION OF HARM, BY THE INDIVIDUAL OR ENTITY OF THE PREMISES.

Before entering the Event, you must confirm the following safety certifications are accurate and correct. Certify by checking the box next to each item below.

Certifications:	
<input type="checkbox"/>	1. I have not had a fever of 100.4° F in the last 14 days.
<input type="checkbox"/>	2. I have not traveled in the last 14 days on a cruise ship, river cruise, or to any states or countries having widespread ongoing transmission of COVID-19.

<input type="checkbox"/>	3. I am not experiencing any of the following symptoms of COVID-19 as identified by the CDC, including, but not limited to: a. cough b. shortness of breath or difficulty breathing c. chills d. muscle pain e. sore throat
<input type="checkbox"/>	4. I have not in the last 14 days been diagnosed with COVID-19 or had close contact with anyone I know diagnosed with COVID-19.

By signing below, you are certifying the information provided above is accurate and correct, and that you are not exhibiting any of the above symptoms.

If you are not able to certify any of the items above, please let us know immediately and do not proceed with further entry into the Event.

Signature

Company Name, if applicable