

**IREM® Advocacy Impact Day
COVID-19 Acknowledgement and Liability Waiver and Release of Claims**

I desire to participate in the IREM Advocacy Impact Day in Washington, D.C. from March 8-9, 2022 at the NAR Building and during your meetings with your legislators (in their D.C. office or district office) (Event) hosted by IREM, an Illinois not-for-profit corporation ("IREM") at 430 North Michigan Avenue, Chicago, Illinois 60611. In consideration of being permitted to attend and participate in the Event, and in recognition of IREM's reliance hereon, I agree to the terms and conditions set forth in this agreement ("Release").

I am aware and understand that my participation in the Event is a potentially dangerous activity and involves serious risks. I am also aware of the highly contagious nature of bacterial and viral diseases, including COVID-19 and other infectious diseases (collectively, "Disease"), and of the risk that I may be exposed to or contract the Disease by attending the Event, which may result in serious illness, personal injury, disability, death, and/or economic loss. I acknowledge that these risks may result from or be compounded by the actions, omissions, or negligence of IREM. I understand that while IREM has implemented measures to reduce the risks associated with the Event and the spread of the Disease, IREM does not guarantee that I will not be injured or become infected with the Disease as a result of my participation in the Event and that attending the Event may increase my risk of contracting the Disease.

ASSUMPTION OF RISK

NOTWITHSTANDING THE AFOREMENTIONED RISKS, I ACKNOWLEDGE THAT I AM VOLUNTARILY PARTICIPATING IN THE EVENT WITH KNOWLEDGE OF THE DANGERS INVOLVED, AND THAT MY ATTENDANCE INCLUDES THE POSSIBILITY OF EXPOSURE TO AND ILLNESS FROM THE DISEASE, INCLUDING BUT NOT LIMITED TO COVID-19. I HEREBY ACCEPT AND ASSUME ALL RISKS WITH OR ARISING FROM MY ATTENDANCE AT THE EVENT, WHETHER CAUSED BY THE NEGLIGENCE OR CONDUCT OF IREM OR ANY RELEASEE HEREUNDER.

RELEASE AND WAIVER

I EXPRESSLY WAIVE AND RELEASE ANY AND ALL CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE NOW KNOWN OR HEREAFTER KNOWN, AGAINST IREM, AND ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, AND AFFILIATES (COLLECTIVELY, "RELEASEES"), EITHER IN LAW OR EQUITY, AND THAT THIS RELEASE WILL BE AS BROAD AND INCLUSIVE TO THE FULLEST EXTENT PERMISSIBLE BY LAW. I AGREE TO WAIVE ANY CLAIM I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVE, MAY HAVE OR WHICH MAY HEREAFTER ACCRUE ON MY BEHALF AGAINST IREM OR ANY RELEASEE, AND FOREVER RELEASE AND DISCHARGE IREM AND ALL RELEASEES FROM LIABILITY UNDER SUCH CLAIMS.

MEDICAL ACKNOWLEDGEMENT AND RELEASE

I agree that: a) I will not attend the Event if I am experiencing symptoms of the Disease (including but not limited to any symptom associated with COVID-19), have a confirmed or suspected case of the Disease, or have knowledge that in the 14 days prior to the Event that I have come into contact with a person who has been confirmed to have or suspected of having the Disease; b) I will comply with all federal, state, and local laws, orders, directives, and guidelines related to the Event and the

Disease while participating in the Event, including, but not limited to, hand sanitation, social distancing, and wearing a face covering over both my mouth and nose at all times; c) I will follow all instructions, recommendations, and cautions of IREM at all times during the Event; d) I will participate in and cooperate with contact tracing efforts by state and local governments and by IREM; e) I will immediately cease participation in the Event if at any time during the Event I believe I am no longer in proper physical condition to participate in the Event; and f) if during the Event, or within fourteen days after participating in the Event, I begin experiencing symptoms of the Disease or test positive for the Disease, I will immediately discontinue further participation in the Event and immediately notify IREM's Senior Director, Government Affairs, at tthurn@irem.org.

I CONSENT TO RECEIVE MEDICAL TREATMENT DEEMED NECESSARY IF I AM INJURED OR REQUIRE MEDICAL ATTENTION DURING MY PARTICIPATION IN THE EVENT. I UNDERSTAND AND AGREE THAT I AM SOLELY RESPONSIBLE FOR ALL COSTS RELATED TO SUCH MEDICAL TREATMENT AND ANY RELATED MEDICAL TRANSPORTATION AND/OR EVACUATION. I HEREBY RELEASE, FOREVER DISCHARGE, AND HOLD HARMLESS IREM AND THE RELEASEES FROM ANY CLAIM BASED ON SUCH TREATMENT OR OTHER MEDICAL SERVICES RENDERED IN CONNECTION WITH MY PARTICIPATION IN THE EVENT.

INDEMNIFICATION

I agree to indemnify and hold harmless IREM and all other Releasees against any and all claims, actions, suits, liabilities, and expenses of whatever kind, including attorney fees, arising from my participation in the Event and to reimburse IREM and all Releasees for any such expenses incurred.

This Release constitutes the sole and entire agreement between IREM and me with respect to the subject matter contained herein and supersedes all other understandings and agreements both written and oral. If any term or provision of this Release is invalid, illegal, or unenforceable, such invalidity, illegality, or unenforceability will not affect any other term or provision of this Release. This Release is binding on and will inure to the benefit of IREM and the Releasees and me. All matters arising out of or relating to this Release will be governed by and construed in accordance with the laws of the State of Illinois without giving effect to any choice or conflict of law provision or rule. Any claim or cause of action arising under this Release will be brought only in the federal and state courts located in Cook County, Illinois, and I hereby consent to the exclusive jurisdiction of such courts.