

## REGISTRATION FORM

<b>Name (Please Print)</b>	
<b>USPS Identification Number</b>	
<b>Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	
<b>Cell Phone Number</b>	
<b>Work Phone Number</b>	
<b>Work Hours</b>	
<b>E-Mail Address</b>	
<b>Local's Name</b>	
<b>Division/Craft</b>	
<b>Office Held in Local/State</b>	
<b>Arbitration Experience (Please check one)</b>	<input type="checkbox"/> I have no arbitration experience <input type="checkbox"/> I have served as a TA on cases <input type="checkbox"/> I have served as a witness on cases <input type="checkbox"/> I have arbitrated more than 3 cases
<b>SPECIAL NOTE: <i>To attend the training, APWU members must provide, with this registration form, a letter from their local/state president (on local or state letterhead) authorizing their attendance. They must also submit the completed COVID-19 Liability Waiver and Assumption of Risk Form and mail it along with their Registration Form and registration fee.</i></b>	
<b><u>To Register:</u></b> <i>Return this Registration Form along with a check or money order for <u>\$550.00</u> payable to <u>Arbitration Advocacy Training</u> by <u>Friday, April 21, 2023.</u></i> <b><i>Mail to: Joyce B. Robinson, Director Research &amp; Education 1300 L Street, NW, Washington, DC 20005</i></b>	
For additional information, call 1(202) 842-4225 Joyce B. Robinson, Director Research & Education	

## COVID-19 Liability Waiver and Assumption of Risk Form

By registering for and attending the American Postal Workers Union's (APWU) Arbitration Advocacy Training, I agree to abide by all health and safety guidelines and recommendations declared by federal, state and local government agencies. This includes, but is not limited to, submitting to restrictions set in place during the APWU Arbitration Advocacy Training that may consist of wearing a mask when required and engaging in appropriate physical distancing. By signing this COVID-19 Liability Waiver and Assumption of Risk Form, I acknowledge the following:

1. I am aware that coronavirus ("COVID-19") is an extremely contagious virus and that it is currently believed that COVID-19 spreads through person-to-person contact. I voluntarily assume the risk that I may be exposed to or infected by COVID-19 at the APWU Arbitration Advocacy Training.
2. I acknowledge and understand the CDC guidelines are regularly modified and updated. I accept full responsibility for familiarizing myself with the most recent updates located at <https://www.coronavirus.gov>. In addition to the CDC guidelines, I agree to abide by any and all policies at the Maritime Conference Center (MCC) relating to COVID 19.
3. In the event that I suspect that I may have been exposed to or infected by COVID-19 at the APWU Arbitration Advocacy Training and I elect to seek testing and/or treatment as a result, I will be responsible for payment of any and all medical services and testing services.
4. I will not attend the APWU Arbitration Advocacy Training if I become ill or if I am exposed to the COVID-19 within 7 days prior to the event.
5. If I experience COVID-19 symptoms during the Arbitration Advocacy Training, I will leave the event.
6. I voluntarily, choose to assume all of the foregoing risks and accept sole responsibility for any injury, illness, permanent disability, or death related to COVID-19 arising from or in connection with my presence at APWU Arbitration Advocacy Training.

I hereby release and hold harmless the APWU, their employees, agents, directors, officers and representatives and other participants from and against all liabilities (statutory or otherwise) for claims, suits, demands, judgments, costs, interest and expense (including but not limited to attorney's fees and disbursements) for injury, illness, permanent disability, or death related to COVID-19 arising from or in connection with my presence at the APWU Arbitration Advocacy Training.

I have read and fully understand this COVID-19 Liability Waiver and Assumption of Risk Form and I am aware that by signing below I may be waiving certain legal rights, including the right to sue.

---

Print Name

---

Signature and Date