

AFFIRMATION OF NEGATIVE COVID TEST AND ASSUMPTION OF RISK

STATE OF NEW YORK)

COUNTY OF _____)

I, _____, attest under penalty of law that I have undergone
(Print name)

and obtained a negative COVID-19 test result (i.e. home, rapid, antigen, PCR, etc.) within the past 48 hours.

I acknowledge that the use of a mask is recommended by the Hudson Gateway Association of REALTOR® (HGAR), but it is not required at this event.

I further acknowledge that there is an assumption of risk to exposure to COVID-19 by attending any event and any and all consequences and/or injury which may result from such exposure. It is strongly encouraged that attendees observe all COVID-19 safety and cleaning protocols, including but not limited to appropriate social distancing, wiping of communal contact surfaces, and frequent hand washing/sanitizing. The decision to attend any event is at the discretion of the attendee and not that of HGAR.

(Signature)

(Date)