

NATMI REGISTRATION FORM

Certified Director of Safety
Certified Safety Supervisor
Workshop

February 22 - February 25, 2022

Registration Deadline: Friday, January 28, 2022

Registration Form

INSTRUCTIONS – Please read carefully

Each person from your company, who plans to attend the workshop, should complete this registration form. Please print clearly.

1. Fill out this form and **EMAIL** to Erica Nicholls at enicholls@smscsafety.com
2. Then **MAIL** a printed copy of the form along with a check for **\$955** payable to *Safety Management Services Company*. Send it to the attention of Erica Nicholls, Cottingham & Butler Inc., PO Box 28, Dubuque, IA 52004-0028 (Ph. 563-587-5585)

Your pre-reading materials will be ordered and sent to you once your payment is received and we have a minimum of eight paid participants.

Full Name _____

I have _____ years of motor fleet safety experience.

Nametag (First name or nickname) _____

Title _____

Company _____

Address (No PO Boxes Please) _____

City _____ State _____ Zip _____

Phone _____ Ext _____ Fax _____

Email _____

COTTINGHAM & BUTLER COVID-19 EVENT WAIVER

Cottingham & Butler Insurance Services Inc. (Cottingham & Butler) continues to monitor policy and procedures during the COVID-19 pandemic. The safety and well-being of our attendees at events is our top priority. While participating in Cottingham & Butler events, attendees are encouraged to practice hand hygiene and follow any local, state, or Center for Disease Control and Prevention (CDC) guidelines. However, Cottingham & Butler cannot guarantee that its attendees will not become infected with COVID-19.

In light of the ongoing COVID-19 pandemic, I attest to the following:

- I am not experiencing or exhibiting any COVID-19 related symptoms as outlined by the CDC such as fever, dry cough, or shortness of breath.
- I am not aware that nor do I believe I have been recently exposed to a person with a positive and confirmed case of COVID-19.

I acknowledge the contagious and evolving nature of COVID-19 and voluntarily assume the risk that I may be exposed to the virus and become infected as a result. I understand the risk of becoming infected may impact myself, my family and personal contacts, other attendees, and other attendees' families and personal contacts.

I voluntarily agree to assume all risk and accept sole responsibility for any expense, liability, illness, injury, disability, or death related to contracting the virus while attending this event. I hereby release, covenant not to sue, discharge, and hold harmless Cottingham & Butler Insurances Services, Inc. and its subsidiaries from all claims of any kind arising out of COVID-19 and my attendance at this event. I understand and agree that this release of liability includes any claims towards Cottingham & Butler Insurance Services, Inc. and its subsidiaries, their officers, agents, employees, subcontractors, representatives, panelists, speakers, and anyone enlisted or hired by Cottingham & Butler Insurance Services, Inc. or its subsidiaries to host this event, whether a COVID-19 infection occurrence exists before, during, or after attendance at and participation in this event.

Signature _____

Print Name _____

Date _____