

**Authentix, Inc. Onsite Guest Questionnaire and Waiver of Liability**

**QUESTIONNAIRE**

As an onsite guest at the Authentix, Inc. (“Authentix”) facility located in Addison, Texas (the “Facility”), your answers to this questionnaire are required to enter the Facility and will enable us to ensure the health, safety and welfare of all personnel entering the Facility. This questionnaire is for purposes of controlling the potential public health threat posed by the Coronavirus Disease 2019 (“COVID-19”) and the information provided is not intended to be disclosed, used or recorded as personal information for any other purposes. **Please fill out this form completely and sign the attached Waiver of Liability. Present a signed copy in advance or bring this completed form with you to provide to the front desk attendant or person that greets you at the facility. Authentix reserves the right to restrict or deny access to any of its facilities for any reason and in its sole discretion.**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Represented: \_\_\_\_\_

Email Address (for additional contact): \_\_\_\_\_

Phone (for additional contact): \_\_\_\_\_

Have you traveled outside the United States of America in the past 14 days? YES / NO

If yes, have you traveled to the following countries:

China:                      Region/Cities \_\_\_\_\_ Travel Dates \_\_\_\_\_

Iran:                              Region/Cities \_\_\_\_\_ Travel Dates \_\_\_\_\_

South Korea:              Region/Cities \_\_\_\_\_ Travel Dates \_\_\_\_\_

Italy:                              Region/Cities \_\_\_\_\_ Travel Dates \_\_\_\_\_

Japan:                              Region/Cities \_\_\_\_\_ Travel Dates \_\_\_\_\_

Hong Kong:                      Region/Cities \_\_\_\_\_ Travel Dates \_\_\_\_\_

Have you been in contact with anyone diagnosed with COVID-19 in the past 14 days? YES / NO

Are you ill or experiencing symptoms of illness similar to COVID-19 or caring for anyone at home with COVID-19? YES / NO

Do you have or are you experiencing any of the following:

Fever? YES / NO

Shortness of breath (not severe)? YES / NO

Cough? YES / NO

Muscle Pain? YES / NO

Headache? YES / NO

**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

In consideration for receiving permission to be in the Facility I hereby acknowledge and agree to the following:

1. I understand the hazards of the novel coronavirus ("COVID-19) and am familiar with the Centers for Disease Control and Prevention ("CDC") guidelines regarding COVID-19, the state of Texas and Dallas County guidelines and Authentix' policies, procedures as well as its health and safety requirements (collectively the "Guidelines"). I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the Guidelines are regularly modified and updated, and I accept full responsibility for familiarizing myself with the most recent updates. Notwithstanding the risk associated with COVID-19 which I readily acknowledge, I hereby willingly choose to enter the Facility.
  
2. I acknowledge and fully assume the risk of illness or death related to COVID-19 arising from my being on the premises of the Facility and hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Authentix, its officers, directors, employees, contractors or agents (the "RELEASEES") from any liability related to COVID-19 which might occur as a result of my being on the premises of the Facility and agree to indemnify and hold harmless the RELEASEES from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including without limitation attorney's fees, costs and disbursements, whether of in-house or outside counsel and whether or not an action is brought, on appeal or otherwise), arising from or out of, or relating to, directly or indirectly, the infection of COVID-19 or any other illness or injury.
  
3. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind any assigns and representatives, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above named RELEASEES. This Agreement and the provisions contained herein shall be construed, interpreted and controlled according to the laws of the State of Texas.

**IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by the same.**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_