

**Waiver of Liability and Indemnity Related to COVID-19 Warning**

*The American Dermatological Association (ADA), (hereby referred to as “the Meeting attendees, exhibitors, and staff. All attendees must follow all Covid-19 CDC safety guidelines while visiting ADA events and activities. An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. I/we acknowledge that participation in ADA events and activities brings some risk and I/we do hereby assume responsibility for my own well-being. I/we will follow all Centers for Disease Control and Prevention (CDC) guidance, and all posted instructions while visiting ADA events and activities. I/we understand, agree and hereby consent that my/our failure or disregard to follow all protocols in effect and required by ADA, CDC, the venue provider and governing authorities during my/our attendance at ADA is hereby sufficient grounds to be excluded from attending the event by ADA or an event authority, and I/we hereby consent in advance to leave and exit the event, without protest or refund, upon request by ADA or an event authority due to my/our refusal to follow said protocols.*

**Assumption of Risk**

***I/we have read and understood the above warning concerning COVID-19.***

*By checking this box, I/we hereby choose to accept the risk of contracting COVID-19 for myself/ourselves in order to attend The ADA meeting and enter into the conference premises. The conference is of such value to me/us that I/we accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to attend in person.*

**Waiver, Release, and Indemnification**

As a condition of my participation in this meeting or event, I/we, do hereby expressly waive any rights against and release and hold harmless the American Dermatological Association, Inc. and any of its officers, employees, affiliates, contractors, agents, heirs, legal successors, and assigns (from and against any and all claims, suits, demands, losses, damages, expenses, or liability of whatever kind or nature (collectively “liability”), under any theory of law or equity, that may arise during or as a result of my presence at the premises, including but not limited to any such liability related to or arising out of illness, injury, or death associated with infection of COVID-19 or complications, symptoms, or other effects resulting from contracting COVID-19. I/we shall defend, indemnify, and hold harmless the American Dermatological Association, Inc. and all other Releases against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including attorney fees, fees and the costs of enforcing any right to indemnification under this Agreement, and the cost of pursuing any insurance providers, arising out or resulting from any claim of a third party related to the Activities.

**I/WE UNDERSTAND, AND IT IS MY/OUR EXPRESS INTENT, THAT THIS RELEASE AND WAIVER OF LIABILITY RELEASES THE AMERICAN DERMATOLOGICAL ASSOCIATION, INC. FROM SUCH LIABILITY EVEN IF SUCH LIABILITY RESULTS FROM OR IS CAUSED BY THE SOLE OR CONTRIBUTORY OR ACTIVE OR PASSIVE NEGLIGENCE, STRICT LIABILITY, OR OTHER LEGAL FAULT OF THE AMERICAN DERMATOLOGICAL ASSOCIATION, INC OR ANY THIRD PARTY. I/WEALSO UNDERSTAND AND AGREE THAT THE AMERICAN DERMATOLOGICAL ASSOCIATION DOES NOT ASSUME ANY RESPONSIBILITY OR OBLIGATION TO PROVIDE FINANCIAL OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO MEDICAL, HEALTH, OR DISABLITY ASSISTANCE IN THE EVENT OF INJURY OR ILLNESS. IN THE EVENT THAT I/WE OR MY/OUR FAMILY MEMBER IS INJURED, BECOMES ILL, OR SUFFERS COMPLICATIONS DUE TO COVID-19, ALLEGEDLY AS A RESULT OF MY PARTICIPATION IN A AMERICAN DERMATOLOGICAL ASSOCIATION, INC. EVENT, I/WE AGREE TO RELEASE AND HOLD HARMLESS THE AMERICAN DERMATOLOGICAL ASSOCIATION, INC. IN THE SAME MANNER AND TO THE SAME EXTENT AS SET FORTH ABOVE.**

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**(Member Signature) (Date)**

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**(Please print member’s name)**

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**(Spouse/Guest Signature) (Date)**

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**(Please print spouse/guest’s name)**

**Email:**Ameriderm1930@gmail.com **Fax:** 954 252 2093