

Health and Safety Waiver and Assumption of Risk

I acknowledge that I derive professional benefit by my participation in the **2024 Clinical Advances in Heart Failure, Arrhythmias and Cardiogenic Shock** conference (the “Event”) sponsored by Scripps Health, and that I am voluntarily attending the Event.

By submitting my registration or participating in this Event, I further acknowledge the continued risk of exposure to infectious agents such as COVID-19 and/or seasonal influenza exists in any public place where people are present and interacting, including at the Event. I understand that the risk of becoming exposed to or infected by such an infectious agent during or after the Event may result from the actions or inactions of others who may attend the Event or their families, colleagues, or anyone else with whom they may have contact.

By attending this meeting or event, I (and anyone registered with me) knowingly and voluntarily assume all risks related to exposure to an infectious agent such as COVID-19 or seasonal influenza at the Event or through my participating in the Event, and I (WE) HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST SCRIPPS HEALTH AND ITS AFFILIATED PARTNERS AND SPONSORS, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS (THE “RELEASED PARTIES”), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHETHER DUE TO COVID-19 OR ANY OTHER CAUSE, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION IN THE EVENT.

In addition to complying with all other Scripps Health rules regarding the Event, I agree to comply with all safety procedures that may be implemented during the Event, including but not limited to the following:

1. All staff, participants and vendors must be without concern of disease/illness transmission to others in order to attend the in-person conference.
2. All staff, participants and vendors have the ability to practice safe work practices. For this reason, masks remain recommended, but not required, along with physical distancing as appropriate.

I acknowledge that Scripps Health and/or the Event venue may remove me from the meeting (without any refund or other compensation to me) if I fail to cooperate in any way.