

### Health and Safety Waiver and Assumption of Risk

I acknowledge that I derive professional benefit by my participation in the **Point of Care Ultrasound Course** (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 highly contagious nature of COVID-19 and its variants (collectively referred to here as “COVID-19”), and that a risk of exposure to COVID-19 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 COVID-19 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 COVID-19 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 COVID-related procedures that may be implemented during the Event, including but not limited to the following:

1. Proof of vaccination will be required for all staff, participants, and vendors who wish to attend the conference in-person.
2. Staff, participants, and vendors who are unvaccinated are required to bring proof of a negative PCR test taken within 48 hours of the start of the conference.
3. All staff, participants, and vendors must be asymptomatic to attend the in-person conference.
4. All staff, participants, and vendors will be required to wear masks and remain physically distanced during the conference.
5. I may be required to participate in collection of personal data for contact tracing purposes.

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.