



CLINICAL ORTHOPAEDIC SOCIETY

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ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY

I, the undersigned, understand that the Centers for Disease Control has classified COVID-19 as a highly contagious disease that can be transmitted asymptotically and can lead to severe illness and death. I recognize that an inherent risk of exposure to COVID-19 and other infectious illnesses exists in any public place where people are present. I also understand that **Clinical Orthopaedic Society** (“Organization”) cannot eliminate the risk of me contracting COVID-19 in connection with my participation in **Clinical Orthopaedic Society’s 109th Annual Meeting** (the “Event”).

In consideration of the opportunity to participate in the Event, I hereby FOREVER RELEASE, WAIVE, AND HOLD HARMLESS Organization and its officers, directors, employees, members, volunteers representatives and agents (collectively, the “Organization Parties”) from any and all liability, injury, damage, loss, or expense that may arise, directly or indirectly, from exposure, infection, or spread of COVID-19, now or in the future, regardless of whether caused by fault on the part of any Organization Party, in connection with my participation in the Event.

By participating in the Event, I VOLUNTARILY ASSUME ALL KNOWN AND UNKNOWN RISKS RELATED TO EXPOSURE TO COVID-19. I PROMISE NOT TO SUE ANY OF THE ORGANIZATION PARTIES for any of the claims that I have released, waived, and discharged. I hereby assume all risk of being exposed to, contracting, or spreading COVID-19 in connection with my participation in, and travel to and from, the Event.

I understand that this release and waiver is intended to be as broad and inclusive as is permitted by law, and that if any portion of this release and waiver is held invalid, the remainder will continue in full legal force and effect. This release and waiver shall extend to and be binding upon me and my estate, heirs, executors, administrators and personal representatives.

I understand that my participation in the Event is completely voluntary on my part and permitted at Organization’s discretion, and I agree to abide by all policies and procedures as established by Organization and whatever the prevailing practices at the time of meeting are. If my conduct does not meet reasonable standards of behavior, including without limitation following the instructions provided by Organization, I understand that my participation in the Event may be revoked.

By signing below, I signify that I have read this ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, understand it and its terms and conditions, and agree to be bound legally by it and its terms and conditions.

Agreed by:

(Signature or Parent/Guardian Signature for minor)

(Print name)

(Minor’s name if applicable)

Check one:

I am a Meeting Registrant

I am a Guest of _____
(Meeting Registrant Name)



November 3-6, 2021
The Hutton Hotel
Nashville, TN