

Assumption of Risk and Waiver of Claims

COVID-19 SELF-SCREENING QUESTIONNAIRE AND DECLARATION

ALL CONFERENCE ATTENDEES MUST read AND answer the self-screening questions below before attending the SVS VAM 2021. I agree that I will not attend VAM in-person if the answer to any of the following questions is YES.

Self-Screening Questions:

If the answer to any of the following questions is "YES" – YOU CANNOT ATTEND THE EVENT.

1. Do you currently have any of the following symptoms? Yes No
 - fever or chills
 - cough
 - shortness of breath or difficulty breathing
 - fatigue
 - muscle or body aches
 - headache
 - sore throat
 - new loss of taste/smell
 - congestion or runny nose
 - nausea or vomiting
 - diarrhea

2. **In the past 14 days** have you experienced any of the above symptoms? Yes No

3. **In the past 14 days** have you had close contact (less than 6 feet) with anyone who has COVID-19 or any of the above symptoms? Yes No

*****THIS SECTION TO BE COMPLETED AND RETURNED AT THE CONFERENCE*****

I understand that everyone attending VAM must complete, sign and return this form to SVS on-site at VAM in the San Diego Convention Center in order to be issued a meeting badge and thereby permitted to attend.

Anyone answering YES to any of the questions above or refusing to complete this Self-Screening Questionnaire and Declaration will NOT be permitted to attend VAM.

By signing this COVID-19 Self-Screening Questionnaire and Declaration, I affirm that I have read and understand the above screening questions and requirements and that the answers provided above are accurate and truthful.

Attendee Name (Printed): _____

Attendee Signature: _____

Date: _____

Thank you for your cooperation.