

Assumption of Risk and Waiver of Claims

The Society for Vascular Surgery ("SVS") is holding the Vascular Annual Meeting on August 18-21 at the San Diego Convention Center in San Diego, CA ("Venue"). Attendees have the choice to attend the VAM either in-person or through an online format. Those choosing to attend VAM in-person must agree to the terms of this Assumption of Risk and Waiver of Claims ("Waiver").

By signing this Waiver, the undersigned ("I" or "you") acknowledge that you have made the decision to attend VAM in-person with the full understanding of the inherent risks of such decision and acknowledge and agree as follows:

- COVID-19 is an ongoing extremely contagious worldwide pandemic;
- Infection with COVID-19 can result from close proximity to others, person-to-person contact, exposure to droplets/aerosols released by other attendees as a result of breathing, coughing, talking and normal interaction as well as by touching surfaces;
- By traveling to and/or attending the Event, I risk becoming exposed to or infected with COVID-19 as a result of my actions, omissions, or negligence, or those of other attendees or participants, including without limitation, SVS's officers, directors, employees, agents, members or exhibitors.
- Contracting COVID-19 can result in personal injury, illness, permanent disability, and death, and persons with underlying medical conditions or who are over the age of 65 are considered to be at "high risk" and particularly susceptible to developing severe illness from COVID-19;
- SVS cannot guarantee that I will not become infected with COVID-19 during the APDVS;
- Attending VAM could increase my risk of contracting COVID-19; and
- SVS is not responsible for the Venue's COVID-19 mitigation efforts (or lack thereof) or any negligence by the Venue or its staff relative to such precautions.

To help minimize the potential for COVID-19 transmission, everyone attending VAM will be required to review and complete a COVID-19 SELF-SCREENING QUESTIONNAIRE AND DECLARATION on site in order to obtain a meeting badge.

I acknowledge and agree that it is my obligation to follow all recommended health and safety measures while attending VAM, including but not limited to:

- (i) Avoid person-to-person contact such as handshakes, high-fives, hugs or kisses;
- (ii) Maintain a minimum distance of six feet from others in order to allow for "social distancing;"
- (iii) Wear a face mask or covering, especially whenever social distancing cannot be maintained; and
- (iv) Wash hands frequently throughout the day for at least 20 seconds or use hand sanitizer if hand washing is not readily available.

I acknowledge and agree that I am attending VAM voluntarily, and at my own risk. I hereby release, for myself, my heirs, assigns, personal representatives and next of kin, and do forever discharge, covenant not to sue, indemnify and hold harmless SVS, its directors, officers, agents, employees, members, and representatives, of and from any and all claims, liabilities, actions, damages, costs or expenses of any kind arising out of, in connection with, or relating to my attending or participating in VAM including, without limitation, any illness, damages, or injury whatsoever resulting from my attendance at VAM, participation in events related to VAM, exposure to an infectious disease (including Covid-19) or the manner in which VAM or its related events and activities are conducted (collectively, "Claims"). I understand and agree that this Waiver includes any Claims based on the actions, errors, omissions, or negligence of SVS, its directors, officers, agents, employees, members, and representatives, whether a condition giving rise to any Claims occurred before, during, or after I attended or participated in VAM.

I understand that SVS is under no obligation to provide support or safety during VAM or medical aid in case of accident or illness. However, should an accident or illness occur, I give SVS (or its representatives or staff) permission to seek immediate medical aid, and I further agree to hold harmless SVS and its respective officers, directors, members, staff and representatives from any liability for illness, death, injury, loss or damage related in any way to the provision, or lack of provision, of medical aid.

I affirm I have carefully read this Waiver, understand its terms and conditions, and agree to be bound by all terms and conditions.

ATTENDEE'S NAME (PRINT): _____

ATTENDEE'S SIGNATURE: _____

DATE: ____/____/____