

Assumption of Risk and Waiver of Claims

The Society for Vascular Surgery ("SVS") will hold the Vascular Annual Meeting (VAM) on June 15-18 at the Hynes Convention Center in Boston, MA ("Venue"). Attendees have the option to attend the VAM either in-person or experience portions of the VAM 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 chosen 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 ongoing and potentially contagious, but has moved from a pandemic to endemic phase in the US
- Infection with COVID-19 infection is more likely to result from being in close proximity to others, through person-to-person contact, or 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 am at some risk becoming exposed to or infected with COVID-19, because 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 has resulted in illness, permanent disability, and even death, and persons with underlying medical conditions or who are over the age of 65 remain at "high risk" and particularly susceptible to developing severe illness from COVID-19, particularly if unvaccinated.
- SVS cannot guarantee that I will not become infected with COVID-19 during the VAM.
- Attending VAM could increase my risk of contracting COVID-19.
- 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.

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) Obtaining initial and booster vaccinations per protocols
- (ii) Avoiding person-to-person contact such as handshakes, high-fives, hugs or kisses;
- (ii) Maintaining an appropriate distance from others in order to allow for "social distancing" when possible ;
- (iii) Wearing a face mask or covering if required or requested
- (iv) Washing hands frequently throughout the day for at least 20 seconds or use hand sanitizer if hand washing is not readily available.

To help minimize the potential for COVID-19 transmission and contact tracing, everyone attending VAM will be required to verify proof of vaccination, and if unvaccinated, verify a negative test (within 72 hours of traveling) to VAM.

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: ____/____/____