

COVID-19 IN-PERSON ATTENDANCE POLICY

WAIVER AND RELEASE OF CLAIMS

While participating in events held at the Dallas headquarters of the American College of Emergency Physicians, (“ACEP”) all in-person participants must be fully vaccinated in order to protect attendees and staff from this extremely contagious illness. In this difficult time, and as we see restrictions ease on the wearing of masks and social distancing requirements, ACEP is committed to providing a safe and healthy environment for all attendees. ACEP will continue to follow federal, state and local laws and guidelines as they develop. At this time, we recognize and respect that some participants may choose not to get vaccinated or are not ready to attend an in-person event. For those individuals, they will have the option of participating virtually.

IN-PERSON PARTICIPANTS ONLY - COVID-19 VACCINATION STATUS – PLEASE INITIAL

_____ I affirm that I have received the COVID-19 vaccination at least 14 days prior to attending this event. I further affirm that I understand the symptoms of COVID-19 and am NOT experiencing symptoms of the illness.

DUTY TO SELF-MONITOR – PLEASE INITIAL

_____ I agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and contact ACEP at coronavirus@acep.org if I experience symptoms of COVID-19 within 14 days after attending the event.

ASSUMPTION OF THE RISK

I acknowledge and understand the following:

1. Participation includes possible exposure to and illness from infectious diseases including, but not limited to, COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and
3. I hereby knowingly assume the risk of injury, harm and loss associated with the Event, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

LIABILITY WAIVER AND RELEASE OF CLAIMS

I acknowledge that I derive personal satisfaction and a benefit by virtue of my attendance at the event, and I willingly engage in ACEP events (the “Event”).

I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS AND ITS AFFILIATED PARTNERS AND SPONSORS, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR RESPECTIVE 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, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREINAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION IN THE EVENT.

Name

Signature

Date