

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

I understand that the coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I also understand that COVID-19 is extremely contagious and is believed to spread mainly by person-to-person contact. I am also aware that, because COVID-19 is contagious, federal, state, and local governments and health agencies recommend social distancing and have restricted the congregation of groups of people.

I wish to attend **Northeast Florida Optometric Society** meetings. I understand that the **Northeast Florida Optometric Society (NEFOS)** is taking reasonable precautions to reduce the spread of COVID-19. However, I acknowledge that COVID-19 carries with it certain inherent risks that cannot be eliminated regardless of the precautions taken, and I know that **NEFOS** cannot guarantee that I or my family members will not become infected with COVID-19. I also understand that attending could increase our risk of contracting COVID-19.

By signing this document, I am voluntarily seeking to participate in meetings, and in consideration for **NEFOS** permitting me to attend, I voluntarily and knowingly assume all risks associated with my attendance. I acknowledge the contagious nature of COVID-19, and voluntarily assume the risk that we may be exposed to or infected by COVID-19 by attending meetings, and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at the meeting may result from the actions, omissions, or negligence of myself or others, including, but not limited to, **NEFOS** officers, members, speakers, sponsors, meeting attendees and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my family member(s) or myself. I hereby release, covenant not to sue, discharge, and hold harmless **NEFOS**, its officers, members, speakers, sponsors and representatives, of and from any and all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the **NEFOS**, its officers, members, speakers, sponsors, and representatives, whether a COVID-19 infection occurs before, during, or after participation in meetings.

I attest that I and my family member(s) are healthy now and I assume full responsibility to monitor each of them and myself before attending the meeting, that we will comply with all precautions directed by the **NEFOS**, and that we will not attend if any symptoms arise. I understand that symptoms of COVID-19 include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. I attest that neither I nor my family member(s) have knowingly been in close contact with anyone who is known to have or be symptomatic of the Covid-19 virus and we have not traveled outside the US or been in contact with anyone who has traveled outside the US in the last 14 days.

Printed Name: _____

License Number: _____

Signature: _____

Date: _____