

COVID-19 HEALTH AND SAFETY FORM

ASTRO 2022 ANNUAL MEETING COVID-19 HEALTH AND SAFETY FORM

Vaccine and Compliance Attestation

I attest that I am up to date with my COVID-19 vaccination per [CDC guidelines](#), or that I have a valid medical or religious exemption and will obtain a negative COVID-19 PCR test result within 48 hours prior to arriving at the ASTRO Annual Meeting. I agree to abide by health and safety protocols while attending the ASTRO Annual Meeting and events as specified in the [Attendee Policies](#) and [Health and Safety Protocols](#).

COVID-19 Waiver and Assumption of Risk

I am aware of the inherent risk of exposure to the COVID-19 virus involved in attending the in-person 2022 ASTRO Annual Meeting and that COVID-19 is a highly contagious disease that can lead to severe illness and death. I voluntarily assume all risks related to exposure to COVID-19 when attending the ASTRO Annual Meeting and events and WAIVE LIABILITY AGAINST ASTRO, ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, CONTRACTORS AND VOLUNTEERS FOR ANY LOSS, DAMAGES, OR SUFFERING RELATED TO EXPOSURE TO COVID-19.

ACKNOWLEDGEMENT (REQUIRED)

PRINT NAME

ORGANIZATION

EMAIL

SIGNATURE

DATE

MAILING LIST CONSENT (OPTIONAL)

Exhibitors and other associated third parties may rent a registrant mailing list to contact you about exhibits, ancillary events, and other meeting-related opportunities. Information provided includes name, professional suffix, title, company/organization, mailing address, registration type, occupation and primary employer of registrant.

If you would like to decline to have your name included on this meeting's rental mailing list, please check here.

REGISTERING ON BEHALF OF SOMEONE ELSE

If you are registering on behalf of anyone other than yourself, you represent that you are authorized to complete their registration, accept the [Attendee Policies](#) on behalf of each person you register, and that the information you provide is accurate. You agree to be solely liable for damages as a result of any information you provide, including opting-in to receiving communications at another individual's email address. You agree to indemnify and hold harmless ASTRO, its officers, directors, employees, agents and affiliates from all liability, damages, judgments, and costs (including reasonable attorneys' fees) for any claims brought by or on behalf of any third party arising from your conduct, misconduct, or negligence in completing this registration on another's behalf. You agree to provide a copy of these [Attendee Policies](#) to any individual you register.

PRINT NAME

DATE

SIGNATURE

REGISTERED SPOUSE/GUEST INFORMATION (REQUIRED IF APPLICABLE)

If you are a registered Spouse/Guest of a Full Conference Attendee, please indicate the Full Conference Attendee you are Spouse/Guest of:

FULL CONFERENCE ATTENDEE'S FULL NAME

FULL CONFERENCE ATTENDEE'S ORGANIZATION

FULL CONFERENCE ATTENDEE'S EMAIL