

COVID-19 ASSUMPTION OF RISK, WAIVER AND COMPLIANCE COMMITMENT FORM

2022 MULTIDISCIPLINARY HEAD AND NECK CANCERS SYMPOSIUM COVID-19 ASSUMPTION OF RISK, WAIVER AND COMPLIANCE COMMITMENT FORM

I am aware of the inherent risk of exposure to the COVID-19 virus involved in attending the in person 2022 Multidisciplinary Head and Neck Cancers Symposium and that COVID-19 is a highly contagious disease that can lead to severe illness and death. To the extent that I attend the in person event, I agree to honor the Personal Accountability Commitment stated below and to follow all instructions contained in the [Attendee Policies](#), the [Health and Safety Protocols and Measures](#), as well as any posted instructions and signage while attending the ASTRO meetings and events. I voluntarily assume all risks related to exposure to COVID-19 when attending ASTRO meetings 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.

Personal Accountability Commitment

I agree to abide by and engage in appropriate health and safety conduct as specified by ASTRO while attending the Event. This includes, but is not limited to, adhering to the [Health and Safety Protocols and Measures](#), posted signs, placards and verbal requests, engaging in physical distancing as appropriate, engaging in hand hygiene and respiratory etiquette and not attending the 2022 Multidisciplinary Head and Neck Cancers Symposium if I am ill or have recently been exposed to COVID-19.

ACKNOWLEDGEMENT (REQUIRED)

PRINT NAME

ORGANIZATION

EMAIL

SIGNATURE

DATE

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