

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

**2021 MULTIDISCIPLINARY THORACIC 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 2021 Multidisciplinary Thoracic 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 2021 Multidisciplinary Thoracic 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