

LIABILITY WAIVER AND ASSUMPTION OF RISK

I understand that travel to and participation in group events, including the 2025 ACMG Annual Clinical Genetics Meeting, may increase the risk of exposure to communicable diseases. I hereby release and hold harmless ACMG, its directors, officers, employees, agents, and representatives, the Metro Toronto Center, and the conference suppliers, their employees and representatives, from and against any and all damages, liability, claims, and expenses arising from the contraction or spread of any disease, including but not limited to that resulting from COVID-19, in connection with my travel to or participation in any aspect of the ACMG Annual Meeting.

Specifically relating to the global COVID-19 pandemic, I acknowledge the highly contagious nature of COVID-19 and I voluntarily assume the risk of exposure or infection by attending the ACMG Annual Meeting. I understand that such exposure or infection may result in personal injury, illness, disability, and/or death. I further understand that the risk of becoming exposed to or infected by COVID-19 at the ACMG Annual Meeting may result from the actions, omissions, or negligence of others who may attend the event or their families, colleagues, or others with whom they may have contact. Accordingly, I understand and expressly agree that this release includes without limitation any claims based on the actions, omissions, or negligence of ACMG, its directors, officers, employees, agents, and representatives, irrespective of whether a COVID-19 infection occurs before, during, or after participation in the ACMG Annual Clinical Genetics Meeting.

In addition to all other rules and regulations relating to my attendance at the ACMG Annual Meeting, I agree to comply with all COVID-related policies and procedures that may be implemented by ACMG, the Metro Toronto Center, including, but not limited to, providing proof of vaccination against COVID-19, mask-wearing and social distancing requirements and restrictions on certain activities that may carry higher COVID-related risk, in order to protect as much as possible the health and safety of all ACMG Meeting participants.

I understand and hereby agree to the Liability Waiver and Assumption of Risk provisions stated above.

DUTY TO SELF-MONITOR

I agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, contact ACMG at nschwartz@acmg.net if I am experiencing symptoms of COVID-19 during or within 14 days after attending the ACMG Annual Clinical Genetics Meeting.

Adult Participant Name: _____

Signature: _____

Date: _____