



WAIVER/RELEASE FOR COMMUNICABLE DISEASE INCLUDING COVID-19 ASSUMPTION OF RISK/WAIVER OF LIABILITY

The novel coronavirus ("COVID-19"), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state and local governments and federal and state health agencies recommend social distancing and have in many locations prohibited the congregation of groups of people.

The South Carolina Society of Medical Assistants (SCSMA) has put into place preventative measures to reduce the spread of COVID-19, however the SCSMA cannot guarantee that you will not be infected with COVID-19. Further attending and/or participating in the SCSMA 2021 State Conference and its activities could increase your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating and attending in-person sessions and that such exposure may result in personal injury, illness, personal disability or death. I understand that my attendance and/or participation in the 2021 SCSMA State Conference is completely voluntary. I understand that the risk of being exposed to or infected by COVID-19 may result from the actions, omissions, myself and others including but not limited to the SCSMA, volunteers, and other participations.

I voluntarily assume all of the foregoing risks and accept the sole responsibility for any injury to myself (including personal injury, illness, personal disability or death), illness, damage, loss claim, liability or expense of any kind that I may experience or incur with my attendance and/or participation in the State Conference. I willingly agree to comply with the preventative measures and conditions for attendance and participating in activities for protection against the spread of COVID-19.

I hereby release, covenant not to sue, discharge not to hold harmless the SCSMA its agents, and representatives of and from the Claims including all liabilities, claims, actions, damages, cost of expenses of any kind arising out of or related thereto. I understand and agree that this release includes any Claims, based on the actions, omissions, and negligence of the SCSMA its agents, and representatives whether a COVID-19 infection occurs before, during or after any SCSMA related activities.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

*****THIS SIGN FORM MUST ACCOMPANY YOUR COMPLETED SCSMA CONFERENCE REGISTRATION FORM*****

Printed Name of Conference Attendee: _____

Signature of Conference Attendee: _____

Please Return this Form with Your Completed Registration and send to:

Crissy Taylor, CMA (AAMA)

111 Brucke Road

Starr, SC 29684

Telephone Number: 864-353-4351/crissytaylor3@gmail.com