

**Wound, Ostomy, and Continence Nurses Society – Region & Affiliate Conference
Health & Safety Waiver & Assumption of Risk**

By registering or participating in the _____ (“Event”) run by the _____ Region/Affiliate of the Wound, Ostomy, and Continence Nurses Society (collectively referred to here as “WOCN”), you acknowledge the highly contagious nature of COVID-19 and its variants (collectively referred to here as “COVID-19”), and that a risk of exposure to COVID-19 exists in any public place where people are present. You understand that the risk of becoming exposed to or infected by COVID-19 during or after the Event may result from the actions or inactions of others who may attend the Event or their families, colleagues, or anyone else with whom they may have contact.

By attending this Event, you and your guests voluntarily assume all risks related to exposure to COVID-19 and all other risks from participating in the Event, and you (and they) hereby release WOCN and its representatives from any responsibility or liability for any illness, disability, or injury (including death) or other damages you may sustain, whether due to COVID-19 or any other cause in connection with participating in the Event.

In addition to complying with all other Event rules regarding this meeting, you agree to comply with all COVID-related health and safety protocols that may be implemented during the Event.

Regardless of vaccination or test result status, you acknowledge and agree that you will not attend the Event or enter the venue if at that time you (i) are experiencing symptoms of COVID-19 (including but not limited to a cough, shortness of breath, fever or any other symptom associated with COVID-19), (ii) have a confirmed or suspected case of COVID-19, or (iii) prior to the Event you have come into contact with a person who has been confirmed to have or suspected of having COVID-19. You further acknowledge and agree that you will immediately cease participation in the Event if at any time during the Event you begin experiencing symptoms of COVID-19, test positive for COVID-19, or believe you are no longer in proper physical condition to participate in the Event.

You acknowledge and agree that WOCN and/or the meeting venue may remove you from the Event (without any compensation to you) if you fail to cooperate in any way.

Name of Participant (printed) _____

Signature _____ Date: _____

[or other indication of agreement, e.g., “I accept” button with online registration or other means to identify the individual who has completed and signed the form and the date signed]