An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that is primarily spread from person-to-person contact. COVID-19 can lead to severe illness and death. According to the Centers for Disease Control and Prevention, people with preexisting conditions are at a high risk of contracting the disease.

WIB cannot guarantee that event participants will not become infected with COVID-19. By attending this in-person WIB event, you are voluntarily assuming all risks related to exposure to COVID-19.

If you are feeling sick, have a fever, or have been exposed to COVID-19 in the past 14 days. Please email info@womeninbio.org and your event registration fee will be refunded. If you experience symptoms within 14-days after attending the event, please email info@womeninbio.org

**LIABILITY WAIVER AND RELEASE OF CLAIMS**: I acknowledge that I derive personal satisfaction and a benefit by virtue of my participation and/or voluntarism with Women In Bio (WIB), and I willingly engage in WIB events and/or other WIB activities (the “Activity”).

**RELEASE AND WAIVER.** I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST WOMEN IN BIO AND ITS AFFILIATED PARTNERS AND SPONSORS, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS (THE “RELEASED PARTIES”), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION WITH THE ACTIVITY.

_____________________________________
Name (printed)

_____________________________________
Signature

___________________________________
Date

Info@womeninbio.org | P.O. Box 31493 | Sea Island, GA 31561 | www.womeninbio.org