

THE NEURO SPECIALIST INSTITUTE  
**COVID-19 LIABILITY WAIVER AND ASSUMPTION OF RISK**

The novel coronavirus, COVID-19, is an infectious disease declared by the World Health Organization to be a global pandemic. It is difficult to determine whether, where, or how a specific individual may have been exposed to the disease. For more information on COVID-19, visit the websites of the Centers for Disease Control and Prevention ([www.cdc.gov/coronavirus/2019-ncov/index.html](http://www.cdc.gov/coronavirus/2019-ncov/index.html)) or the California Department of Public Health ([www.covid19.ca.gov](http://www.covid19.ca.gov)).

Aware of the foregoing, I voluntarily agree to have myself, attend the Certified Neuro Specialist (CNS) Certification Course held at Holiday Inn Express & Suites Pasadena/Los Angeles at 3500 E Colorado Blvd, Pasadena, CA 91107 on the date indicated.

I understand that The Neuro Specialist Institute and Holiday Inn Express & Suites Pasadena/Los Angeles have implemented safety rules and precautions to mitigate the spread of COVID-19. However, those measures do not completely protect against the spread of COVID-19. Moreover, it may not always be possible for all participants to follow social distancing and other precautions.

I agree that attendees must comply with such rules and precautions, which may include, but are not limited to, mask wearing, hand washing, hand sanitizing, and social distancing. I understand these rules and precautions may need to be adjusted as information about COVID-19 evolves.

I acknowledge that even if attendees follow all directions, instructions, rules and precautions, while exercising utmost personal care, there will remain a certain irreducible inherent risk to all attendees, and I accept that risk. By signing this agreement, I acknowledge the contagious nature of COVID-19, the fact that it can be difficult to identify, and the inherent risks of being exposed at the venue. I voluntarily assume the risk of possible exposure or infection by COVID-19 by entering the venue and that such exposure or infection may result in personal injury, serious illness, permanent disability, and/or even death.

I voluntarily assume full responsibility for any and all risks of illness, injury, disability or death associated with exposure to COVID-19, as well as from the use of any equipment, including but not limited to, face masks, gloves, equipment, tools, and supplies The Neuro Specialist Institute may utilize or provide.

To the fullest extent permitted by law, I completely absolve, release, and waive any potential claims I may have against The Neuro Specialist Institute, its directors, officers, employees, agents, and volunteers ("Released Parties") including, but not limited to, claims for personal injury, disability, illness, damage or death from exposure to COVID-19, whether such exposure occurs before, during, or after my attendance at the Certified Neuro Specialist (CNS) Certification Course.

I agree, on behalf of myself, my personal representatives, and heirs, not to make any type of legal or equitable claim arising from my exposure to COVID-19, against the Released Parties, whether or not it arises through the negligence, omission, or default of Released Parties.

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I further agree that if any such claim is made against the Released Parties, I will indemnify and defend the Released Parties with respect to any such claim. Such duty of defense shall arise immediately upon tender.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT, I MAY BE WAIVING CERTAIN LEGAL RIGHTS OF MYSELF, INCLUDING THE RIGHT TO SUE.

THIS AGREEMENT SHALL BE BINDING UPON ME AND MY HEIRS, LEGAL REPRESENTATIVES, AND ASSIGNS, AND SHALL INURE TO THE BENEFIT OF THE NEURO SPECIALIST INSTITUTE AND THEIR SUCCESSORS AND ASSIGNS.

**SIGNATURE (ATTENDEE):**

\_\_\_\_\_ **COURSE DATE:** \_\_\_\_\_

**ATTENDEE PRINTED NAME:** \_\_\_\_\_