

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

The novel coronavirus, COVID-19, is a highly infectious disease declared by the World Health Organization to be a global pandemic. It is currently very difficult to control the spread of COVID-19 or 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 (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>) or the California Department of Public Health (<https://covid19.ca.gov>).

Aware of the foregoing, I voluntarily agree to have myself, _____

(Name of Attendee)

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 June _____, 2021.

(Course Date)

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. I agree that if exhibiting symptoms of respiratory illness, a fever of 100.4°F or higher, or any other known symptoms of COVID-19, I will not enter the venue.

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 understand and acknowledge that given the unknown and evolving nature of COVID-19, it is not possible to fully list each and every individual risk of contracting COVID-19. I understand that the risk of becoming exposed to or infected by COVID-19 at the Certified Neuro Specialist (CNS) Certification Course may result from the actions, omissions, or of myself and others, including, but not limited to, employees, agents, contractors, volunteers, and participants. I voluntarily assume full responsibility for aforementioned attendees 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, rehabilitation tools/equipment The Neuro Specialist Institute may provide.

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

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 during or after my attendance at the Certified Neuro Specialist (CNS) Certification Course.

Also, 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.

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):

_____ **DATE:** _____

PRINTED NAME: _____