

EASTERN ALLERGY CONFERENCE
RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of my being allowed to attend and participate in the Eastern Allergy Conference being held by ***Eastern Allergy Conference, Inc.*** at the Breakers Hotel in Palm Beach, Florida on August 16-18, 2020 (the "Conference"), I, the undersigned, **acknowledge and agree** that:

1. I am familiar with the Centers for Disease Control and Prevention guidelines regarding COVID-19. I understand that attendance at and participation in the Conference and related activities may increase my risk and my guests' risk of contracting or passing on COVID-19. While personal compliance with the guidelines may reduce this risk, the risk of serious illness and death does exist from the disease.

2. I **knowingly and freely assume** all such risks, both known and unknown, even if arising from the negligence of the Releasees indicated below, or otherwise, and assume full responsibility for myself and my guests' attendance at and participation in the Conference and related activities.

3. I for myself and on behalf of my heirs, personal representatives, next of kin, and guests **hereby release and hold harmless** Eastern Allergy Conference, Inc., Suburban Travel Agency and Ocean Side Publications, Inc., their officers, directors, agents, and employees (collectively "Releasees") with respect to any illness, including COVID-19, disability, death or loss or damage to person or property, whether arising from the negligence of Releasees or otherwise, to the fullest extent permitted by law, occurring as a result of my and my guests' attendance or participation in the Conference and related activities.

4. This Agreement shall be governed by and construed in accordance with the internal laws of the State of Rhode Island applicable to agreements made and to be performed in the State.

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 if freely and voluntarily.

Name of Participant: _____

Signature: _____

Dated signed: _____