



SURVIVOR SERIES WAIVER AND RELEASE OF LIABILITY

I acknowledge that I am choosing to attend the subject Brain Injury Hope Foundation Survivor Series ZOOM event. I acknowledge that I have no contractual or physician-patient, therapeutic or counseling relationship with any presenter at the event that has been created based solely upon their presentations or the information provided and that each presenter is presenting solely for informational purposes, but not to establish a patient or contractual relationship. Brain Injury Hope Foundation does not guarantee the accuracy or relevance of the information provided nor does Brain Injury Hope Foundation endorse any presenter or any decision to develop a therapeutic or other relationship with any presenter. I hereby agree to release Brain Injury Hope Foundation, its board members, affiliates, insurers, presenters, and other representatives harmless relating to any presentation information provided to me through the subject event.

I acknowledge that this Waiver and Release of Liability (WRL) form will be used by BRAIN INJURY HOPE FOUNDATION AND ITS AFFILIATES, BOARD MEMBERS, REPRESENTATIVES, AND PRESENTERS and it will govern my actions and responsibilities at said event.

In consideration of my registration and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: Waive, release, and discharge from any and all liability for my death, disability personal injury, sickness, property damage, identity theft, property theft or actions of any kind which may hereafter occur during this event, THE FOLLOWING ENTITIES OR PERSONS: BRAIN INJURY HOPE FOUNDATION and their directors, officers, employees, volunteers, representatives and agents, the event sponsors and event volunteers.

I understand that at this ZOOM event or related activities a live recording is taking place and I may be recorded or photographed. I agree to allow my online presence, photographs, video, voice, likeness, discussions, private health information discussed, comments, chat, or other involvement to be posted online or presented via other means by live recording. Such may be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and/or assigns.

Additionally, I understand that I am agreeing to conduct myself appropriately and in a professional manner during said ZOOM event and will not harass any presenter, board members or other attendees in any manner.

BY CHECKING THIS BOX, I AGREE THAT I AM OF SOUND MIND, LEGAL CAPACITY AND AGE TO PROVIDE MY SIGNATURE AND AGREEMENT TO THE ABOVE AND HEREBY CERTIFY THAT I HAVE READ THE FOREGOING DOCUMENT AND UNDERSTAND ITS CONTENT.