

Practical Clinic Participant Agreement Waiver and Release Form



2018 AANS ANNUAL SCIENTIFIC MEETING

ERNEST N. MORIAL CONVENTION CENTER | NEW ORLEANS | APRIL 28-MAY 2, 2018

Name

Daytime Phone Number
(include country code if applicable)

Fax Number

Address

City State Zip Country

Preferred Email Address

Advance Registration Deadline March 21, 2018

IMPORTANT This form must be completed and faxed or mailed with your registration in order to register for the Practical Clinics.

Infectious Disease Transmission Safeguard

I understand that while participating in this workshop, I will come in contact with human cadaveric tissue. Although AANS only provides tissue that has been serology tested for Hepatitis B, Hepatitis C and HIV I & II, I am aware of the means of transmission of infectious diseases, it is impossible for AANS to guarantee that I will not have contact with tissue of a person who was infected with the Hepatitis B, Hepatitis C, HIV. I agree all precautions should be made to prevent any transmission of infectious diseases, including HIV. I further understand that some risk exists that such transmission is possible merely through the handling of tissues. Thus, as an inducement to the Association to accept my registration for and to permit my participation in this clinic, I agree to adhere to the following procedures when handling all tissues in this clinic:

1. I will handle all tissues with care to avoid contact with my skin or mucous membranes.
2. I will wear personal protective equipment (PPE), i.e., gowns, gloves, masks with eye protection, caps, shoe covers, as reasonably anticipated, at all times during laboratory activities to prevent accidental exposure to fluid from tissues.
3. I will observe extreme caution when using sharp instruments to avoid penetrating my or other's skin.

Signature

Date

Please Print Name

Practical Clinic Number(s)

By checking this box, I certify that I have read, understand and agree to comply with the provisions set forth in the above Infectious Disease Transmission Safeguard. I further agree to release and hold harmless the American Association of Neurological Surgeons and all Directors, Officers, Staff and Instructors of the Association from, against and with respect to any and all actions, suits, claims, damages, judgments, costs and expenses of any and every kind and nature whatsoever, whether known or unknown, liquidated or unliquidated, fixed or contingent, direct or indirect, which I, my estate or any of my heirs, beneficiaries, successors and assigns, and each of them, have or can have, shall or may have, or claim to have, against the Association and such Directors, Officers, Staff and Instructors, and each of them, by reasons of my participation in this clinic and handling of tissues infected with any infectious diseases, including HIV.

Should you wish to mail or fax your registration, please download this form, complete and return with registration.

Mail to AANS Registration Department, c/o CompuSystems, 2651 Warrenville Road, Suite 400, Downers Grove, IL 60515.

Fax to 708.344.4444 (U.S. or International)