

## COVID-19 Liability Waiver and Assumption of Risk

While participating in events held or sponsored by the International Centre for Diffraction Data, (“ICDD”), consistent with CDC guidelines, participants are encouraged to practice basic health and hygiene practices to reduce the risks of exposure to COVID-19. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, ICDD has put in place preventative measures to reduce the spread of COVID-19. However, ICDD cannot guarantee that its participants, volunteers, partners, or others in attendance will not become infected with COVID-19.

In consideration of being allowed to participate in ICDD events, or being on premises of the ICDD Campus (the “Facility”), the below signed participant, agrees as follows:

1. I am aware that the novel coronavirus (“COVID-19”) is an extremely contagious virus and that it is currently believed that COVID-19 spreads through person-to-person contact. If I have suspected or confirmed COVID-19, I agree to refrain from entering the Facility for at least 5 days and wearing a high-quality mask when indoors around others for an additional period of time.
2. I am familiar with the Center for Disease Control and Prevention (“CDC”) guidelines regarding COVID-19, which are located at <https://www.coronavirus.gov>. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day-to-day, and that the CDC guidelines are regularly modified and updated. I accept full responsibility for familiarizing myself with the most recent updates, and making informed choices to take precautionary measures to protect myself and others.
3. In addition to the CDC guidelines, I agree to abide by any and all policies or postings published to the general public at the Facility.

I have read and understood the above warning concerning COVID-19. I hereby accept the risk of possibly contracting COVID-19 myself in order to participate in ICDD’s events and programs.

I hereby forever release and waive my right to bring suit against ICDD, its directors, managers, employees, or other representatives in ICDD’s events or programs. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

**Please download form to DocuSign your waiver. You may also print, sign, scan, and save as a PDF. Return your signed waiver to Elizabeth Dempsey ([dempsey@icdd.com](mailto:dempsey@icdd.com)).**

Participant Signature: \_\_\_\_\_

Event(s) Attending:  
Please check all that apply.

XRF Clinic

TOPAS School

XRD Clinics (I and/or II)

PPXRD

Rietveld Clinic

DXC

