



2020 OHFAMA House of Delegates Delegate Registration Form

Embassy Suites Columbus - Airport
2886 Airport Dr
Columbus, OH 43219

- Reference Hearing November 5, 2020 • 7:00pm - Virtual
- House of Delegates November 14, 2020 • 8:00am

Full Name: _____ Preferred First Name: _____

Company/Clinic Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Academy: _____

Business Phone: _____ E-Mail: _____

*Mobile Phone: _____ Select One: ☐ Delegate ☐ Alternate Delegate ☐ Guest

*Required for voting and will NOT be used for any other purpose

Due to the COVID-19 Pandemic, Delegates will have a choice on how they would like to participate in 2020, please select your preferred method of attendance:

☐ **In Person:** I plan on attending and being present at the hotel. I agree to have my temperature checked upon arrival, complete a brief health survey and agree to the meetings waiver of liability and indemnification to attend in person.

☐ **Virtually:** I plan to attend the meeting through the virtual platform that will be utilized for the meeting. I am responsible to have an internet connection and will sign in at the beginning of the meeting and vote via the text app that will be established for the meeting.

☐ **Undecided:** I plan to participate at the 2020 HOD but am uncertain at this time if I would prefer to attend in person or virtually. I will inform the Association and my Academy before October 27, 2020 of my preferred method of participation.

☐ **Reference Hearing:** The Reference Hearing will be held on Thursday, November 5, 2020 at 7:00pm VIRTUALLY ONLY. Information on how to participate will be sent prior to the meeting. All Delegates and Alternates are encouraged to participate in the Reference Hearing. Please indicate if you plan to attend.

Please see the following page for the Notice to Delegates and for the COVID-19 WAIVER OF LIABILITY AND INDEMNIFICATION. If choosing to attend in person, you must sign below and consent to the waiver of liability and indemnification, and terms as outlined above.

Signature: _____ Date: _____

Please return completed form to: OHFAMA, 1960 Bethel Rd Ste 140, Columbus, OH 43220
Phone: (614) 457-6269, Fax: (614) 457-3375 or email: Iridolfo@ohfama.org

NOTICE TO DELEGATES

Please note that each Delegate, before being seated in the House, shall present a certificate, signed by the President of the Academy, stating that he/she is a duly elected Delegate, and a member in good standing. Alternate Delegates shall present a like certificate and shall serve in the absence of the Delegate. Resident and Postgraduate Delegates must certify that they have attended more than 50% of their respective Academy meetings since the previous House of Delegates.

COVID-19 WAIVER OF LIABILITY AND INDEMNIFICATION

The Ohio Foot and Ankle Medical Association (OHFAMA) 2020 House of Delegates will hold its annual meeting at the Embassy Suites Columbus Airport. To attend in person, I agree to the terms as outlined below:

1. I agree that I am personally responsible for my safety and my actions. Because the program organized by OHFAMA will involve board members, staff and other attendees, I recognize that I am at risk of contracting COVID-19. COVID-19 is a health condition that has caused illness and even death in individuals who have contracted the virus or condition. I am aware of the risks involved in attending the above-mentioned event and I, for myself and on behalf of my family, spouse, estate, heirs, executors, administrators, assigns, and personal representatives, hereby forever release, waive, discharge, and covenant not to sue the OHFAMA, its officers, employees, contracted agents or representatives, servants, independent contractors, affiliates, employees, successors, and assigns (collectively the "Released Parties") from any and all liability, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of, or related to, any loss, damage, or injury, including death, that may be sustained by me related to COVID-19 whether caused by the negligence of the actions, or failure to act, of the Released Parties.
2. I agree to indemnify, defend, and hold harmless the Released Parties from and against any and all costs, expenses, damages, claims, lawsuits, judgments, losses, and/or liabilities (including attorney fees) arising either directly or indirectly from or related to any and all claims made by or against any of the Released Parties due to bodily injury, death, loss of use, monetary loss, or any other injury from or related to COVID-19, related to my participation in the OHFAMA House of Delegates.
3. By signing the registration form I acknowledge and represent that I have read the foregoing Waiver of Liability, understand it and sign it voluntarily as my own free act and deed, including without limitation the Release of Liability and Indemnification requirements contained in this document; I am sufficiently informed about the risks involved in attending and participating at the OHFAMA House of Delegates. No oral representations, statements, or inducements, apart from the foregoing written agreement, have been made to me. I am at least eighteen (18) years of age and fully competent; and I execute this document for full, adequate, and complete consideration fully intending to be bound by the same. I agree that this Waiver of Liability shall be governed by and construed in accordance with Ohio law, and that if any of the provisions hereof are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Waiver of Liability as a whole. This waiver remains in effect until the State of Ohio lifts all COVID-19 related mandates.