Agreement to Participate in Advocacy Day at Overcoming Obesity 2015

In order to confirm your registration for the Advocacy Breakout Track, please complete the following agreement and return it to cme@asbp.org. Your registration will not be processed until the signed form is returned.

Initial next to each statement to indicate your agreement:

___ 1. I understand that I will be provided readings and a webinar, all of which must be completed prior to my participation in the Advocacy Breakout Track.

___ 2. I understand that I must pass a short quiz on the content of these readings and webinar in order to receive education credit for this activity.

___ 3. I understand that the Advocacy Breakout Track is a full-day commitment (8 am-4 pm) as part of the Obesity Summit on Friday, Oct. 2.

___ 4. I understand that by participating in the Advocacy Breakout Track, I forfeit my ability to attend any breakout lectures happening on Friday, Oct. 2.

___ 5. I understand that I will be traveling offsite from the conference hotel to meet with legislators on Capitol Hill and that I am responsible for my own transportation costs. I understand and acknowledge that participation in the Advocacy Breakout Track is potentially hazardous and may involve risks, inherent and otherwise, that cannot be eliminated. I accept full and sole responsibility for all risks, both known and unknown, inherent or otherwise, related to my participation in the Advocacy Breakout Track, and acknowledge that I am voluntarily participating in this activity even with knowledge of these risks. Acknowledging that these and other risks exist, I hereby **RELEASE, DISCHARGE AND COVENANT NOT TO SUE** ASBP and each of its instructors (the "Released Parties") from and against all claims, damages, injuries, losses, actions, suits, proceedings, product liability actions, wrongful death actions, warranty actions, breach of contract actions, loss of consortium claims, expenses, and attorney fees that I have or might have for any death, injury, damage or claimed injury or damage arising out of, involving or relating to my participation in the Advocacy Breakout Track, including, but not limited to, any claim that the act or omission complained of was **caused in whole or in part by the strict liability or negligence in any form of the Released Parties.**

Indemnification: I further agree to **INDEMNIFY, HOLD HARMLESS, AND DEFEND** the Released Parties in any action or proceeding from and against all claims, damages, injuries, losses, actions, suits, proceedings, product liability actions, wrongful death actions, warranty actions, breach of contract actions, loss of consortium claims, expenses, and attorney fees that I have or might have for any death, injury, damage or claimed injury or damage arising out of, involving or relating to my participation in the activities, or for my failure to comply with the terms of this agreement. This agreement to indemnify, hold harmless and defend applies even if the act or omission complained of was allegedly **caused in whole or in part by the strict liability or negligence in any form of the Released Parties.**

Publicity Release: I authorize and irrevocably grant to ASBP permission for my photograph to be used in future ASBP brochures, publications, newsletters, news releases, other printed materials, and in materials made available on the Internet or in other media now known or hereafter developed.

___ 6. I understand that upon my completion and return of this form, I will be registered to attend the Advocacy Breakout Track on Friday, Oct. 2. I will be sent the required reading materials and webinar to complete prior to my participation in this activity.

___ 7. I have read and fully understand this agreement and agree to be bound by its terms. I understand that by signing this document I am waiving certain legal rights for myself, including the right to sue the Release Parties. I sign this document freely and willingly.

Please return your completed form to cme@asbp.org (or fax it to 303.779.4834). Space is limited, so submit your form as soon as possible to reserve your spot.

Full Name (please print) _____ Designation(s) _____

Signed _____ Date _____