



Biomedical Materials Liability Waiver Form (Due by: March 25, 2016)

_____ of _____ company hereby release and forever discharge American Society of Cataract and Refractive Surgery (ASCRS), American Society of Ophthalmic Administrators (ASOA), San Diego Convention Center, GES, its management, and employees from any and all actions, courses of actions, claims, and demands for or by reason of any damages, losses or injuries, illnesses or side effects including, but not limited to, those associated with the HIV antibody and virus, which may be sustained by or through wet labs, tissue, or biomedical/blood borne pathology, instruments, disposables, equipment or by any other means as a consequence of the above. **I also agree to carry the above-named organizations as a coinsured on our insurance certificate, which I will supply to ASCRS•ASOA by March 25, 2016.**

Signed: _____ Date: _____

Contact Name: _____ Booth: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

Please email or fax this form to ASCRS•ASOA prior to Friday, March 25, 2016 to:

Jamie Barbera, ASCRS•ASOA Exhibits Manager
jbarbera@ascrs.org OR FAX directly to: (703) 547-8840

WAIVER AND ORDER FORM WITH PAYMENT ARE REQUIRED TO BE SUBMITTED AT THE SAME TIME.