



A GLOBAL CELEBRATION *of* DERMATOLOGY VANCOUVER, CANADA | June 8-13, 2015

www.derm2015.org

RECOGNITION & ASSUMPTION OF RISK AGREEMENT PARTICIPANT WAIVER & RELEASE FORM

The Vancouver Dermatology World Congress (WCD) has requested and contracted our company, Simply Eventful Management Inc (SEM) to organize the Accompanying Persons Tour Program and Optional Tour & Excursion Program from June 6-14, 2015 at the 23RD World Congress of Dermatology. In order to assist us in this task, SEM is partnering with a local tour and event management company, Pacific Destination Services Inc (PDS). Although great care is taken by all companies involved to choose suppliers and activities, we (WCD, SEM & PDS) are unable to directly control them and/or their performance and, therefore, are not responsible for their acts or omissions.

The Vancouver Dermatology World Congress, Simply Eventful Management Inc & Pacific Destination Services Inc cannot and will not be responsible for any liability from claims, losses, damages, costs or expenses arising out of injury, accident, death, damage to property, delay or inconvenience or misrepresentation by a supplier.

Medical Information - It is your responsibility to inform us of any medical condition that may prevent you from participating in a planned activity, mobility challenges, or if you suffer from any food, medication or other type of allergy. If necessary, please provide a detailed description on the reverse side of this form.

RELEASE STATEMENT:

It is my understanding that participation in the activities that make up the Accompanying Persons Tour Program and/or Optional Tour & Excursion Program is not without some inherent risks. As such, in consideration of my voluntary participation in the Vancouver Dermatology World Congress, Simply Eventful Management Inc, Pacific Destination Services Inc, their officers, agents, or respective employees, I release, waive, and discharge said parties from any and all liability, claims, demands, action, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that I may sustain, whether caused by the negligence of the releases, or otherwise while participating in such activity, while in transit to and from or in or upon the premises where the activity is being conducted.

By completing and checking the acceptance box below on this consent and waiver, I understand and voluntarily accept full responsibility for and assume all risk of injury, loss, or damage arising from any and/or all activities which I participate in during the program dates of June 6-14, 2015. I had sufficient opportunity to read this entire document, have read and understood it, and I agree to be bound by its terms.

RETURN BY JUNE 1, 2015 TO ashley@simplyeventful.com

Participant Name (Please Print)

Date

I accept and understand the terms stated above.



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International League of Dermatological Societies