



Agreement and Release

This Agreement and Release is made and entered on the date signed below by and between the undersigned (APPLICANT) and American Society for Gastrointestinal Endoscopy (ASGE).

1. I agree to wear a mask while visiting ASGE's IT&T.
2. On behalf of my heirs and assigns, and on my own behalf, I agree to release and hold harmless ASGE, its owners, directors, officers, employees, agents, and affiliates from any and all liability loss, claim, damage or injury that might arise or result from, or relate to, now and in the future, my contraction or conveyance of any virus or disease.
3. I agree that ASGE is not responsible for my safety, or that of visitors or guests.
4. Non-registered guests/visitors are not allowed entry to ASGE's IT&T.
5. I grant ASGE all rights to use any and all photographs, film, videos made by or on behalf of ASGE during the program. I hereby release all rights that I may have in the same.

Wellness Screening Questionnaire

ALL VISITORS

Please review the following questions and answer at the end of the form. If your answer to any question is "Yes," you will not be allowed entry to the IT&T. If your answer to each question is "No," you will be allowed entry. This form must be completed every time you visit our facility.

- Have you felt feverish?
- Do you have a cough?
- Do you have a sore throat?
- Have you been experiencing difficulty breathing or a shortness of breath?
- Do you have muscle aches?
- Have you had a new or unusual headache (e.g., not related to caffeine, diet, or hunger, not related to a history of migraines, clusters, or tension, not typical to the individual)?
- Have you noticed a new loss of taste or loss of smell?
- Have you been experiencing chills or rigors¹?
- Do you have any gastrointestinal concerns (e.g., abdominal, pain, vomiting, diarrhea)?
- Is anyone in your household displaying any symptoms of COVID-19?
- To the best of your knowledge, have you or anyone in your household come into close contact² with anyone who has tested positive for COVID-19?

¹ Rigors: a sudden feeling of cold with shivering accompanied by a rise in temperature

² Close contacts include household contacts, intimate contacts, or contacts within 6 feet for 15 minutes or longer (10 minutes or longer for ambulatory care services) unless wearing N95 mask during period of contact.

(OVER)

Can you answer “Yes” to any of the questions?

- No** – You are welcome to enter the IT&T.
- Yes** – You will not be allowed entry to the IT&T. Please return to your place of origin (i.e., hotel, car, etc.). An ASGE manager can arrange for transportation, if needed.

I attest the above answers are true to the best of my knowledge.

Printed Name _____ **My Institution** _____

Telephone _____ **Email** _____

Reason for Visit / Staff Person you are meeting _____

Signature _____ **Date** _____