



American Academy of Oral and Maxillofacial Radiology  
61st Annual Session, November 17 - 20, 2010  
The Kona Kai Resort, San Diego, California

## AGREEMENT, RELEASE FROM LIABILITY AND INDEMNIFICATION

### Voluntary Participation

1. I, \_\_\_\_\_ acknowledge that I have (or my company has) voluntarily applied to participate in the 61<sup>st</sup> Annual Session of the American Academy of Oral and Maxillofacial Radiology ("The Academy"), which is scheduled for November 17 - 20, 2010 at the Kona Kai Resort, San Diego, CA ("The Premises").

Authority of Signer

2. The Name and address of the company that I represent is:

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I represent that I have the authority to execute this Agreement, Release, and Indemnification on behalf of the above named company.

### Assumption of Risk

I (or my company) am (or is) installing equipment on the premises. I am aware that the equipment, which will be on the premises for the purposes of display or other reasons, may be hazardous if not used properly. I am also aware that The Academy is not indemnifying me or my company against loss or damage to my property for any reason. I am also aware that the Academy is not indemnifying me or my company against any tort liability whatsoever as a result of my or my company's participation. My company and I are voluntarily participating in this **AAOMR 61<sup>st</sup> Annual Session** with the knowledge of the danger involved and the lack of indemnification. I hereby agree, on behalf of myself and my company, to accept any and all risks of liability, and verify this statement by placing my initials here \_\_\_\_\_.

page 2

AAOMR Agreement, Release from Liability and Indemnification Form  
November 17-20, 2010

#### Release

4. As consideration for being permitted by The Academy or one of its affiliated organizations to participate in these activities and use the premises, I hereby agree on behalf of myself and my company that neither I nor any member of my company, nor the assignees, heirs, distributors, guardians, or legal representatives of my or any member of my Company will make a claim against, sue, or attach the property of the American Academy of Oral and Maxillofacial Radiology or any of its affiliated organizations or the supplier of any of the equipment I will use in these activities, for injury or damage resulting from the negligence or other acts, howsoever caused by any employee, agent, or contractor of The Academy as a result of my participation in the above mentioned 61<sup>st</sup> Annual Session. I hereby release The Academy and any of its affiliated organizations from all actions, claims or demands that I, my assignees, heirs, distributors, guardians, and legal representatives now have or may hereafter have for any injury or damage resulting from my participation in the above mentioned 61<sup>st</sup> Annual Session.

#### Indemnification

5. As further consideration for being permitted by the American Academy of Oral and Maxillofacial Radiology or one of its affiliated organizations to participate in these activities and use the premises, I hereby agree on behalf of myself and my company that I and my company will indemnify The Academy against any and all third party and public liability tort claims which may arise as a result of my and/or my company's participation in the above mentioned 61<sup>st</sup> Annual Session.

#### Knowing and Voluntary Execution

6. I HAVE VERY CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE AMERICAN ACADEMY OF ORAL AND MAXILLOFACIAL RADIOLOGY AND/OR ITS AFFILIATED ORGANIZATIONS AND SIGN IT OF MY OWN FREE WILL.

Executed at \_\_\_\_\_ on \_\_\_\_\_, 2010

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Signature of Representative