

COVID-19 TRAVEL WAIVER

On the date indicated below, I requested that Radiology International, Inc. confirm my scientific registration and/or other travel bookings on my behalf. As the worldwide COVID-19 coronavirus pandemic remains ongoing at this time, I acknowledge for this reason, and other reasons not reasonably foreseeable at this time, travel plans may be interrupted or cancelled either by Radiology International, Inc., Sanditz Travel Inc. or by the supplier that is providing them, a government entity or other third party over which Radiology International, Inc and/or Sanditz Travel, Inc. has no control. I further acknowledge that the supplier's own cancellation, rebooking and refund policies, subject to any applicable law that is now or may later be in effect, will govern my rights and remedies, including my right to receive a refund, in such an event. Moreover, I understand that should I elect to purchase travel insurance, the terms of the policy will dictate whether, and to what extent, coverage for any financial loss may exist under the circumstances. By signing below, I hereby agree to hold Radiology International, Inc and/or Sanditz Travel, Inc. harmless and release it from any and all liability for any damages, including but not limited to monetary losses, I may incur as a result of such interruption or cancellation of these plans.

Date_____

Name Printed_____

Signature_____