



WAIVER

*2017 AAOMS Annual Meeting
October 9 – 14, 2017
San Francisco, CA*

Certificate of Insurance Waiver

_____ agrees to maintain adequate financial reserves in such amounts as a reasonable prudent company in its industry would maintain protecting itself against any claims that may arise from its activities at the 100th Annual Meeting, Scientific Sessions and Exhibition of the American Association of Oral and Maxillofacial Surgeons to be held in San Francisco, CA, USA.

By: _____
Signature

Name: _____
Authorized Representative

Date: _____

Liability

The exhibitor agrees that neither AAOMS, the meeting site, nor any of their officers, directors, members, agents and employees, shall be held liable for any damage, loss, harm or injury to the person or property of the exhibitor or any of its officers, directors, agents or employees, resulting from theft, fire, water, accident or any other cause. The exhibitor shall indemnify, defend and hold harmless AAOMS, the meeting site, and their officers, directors, members, agents and employees, from and against any and all claims, demands, suits, liability, damages, losses, costs, attorney's fees and expenses of whatever kind or nature, which might result from or arise out of any action or failure to act on the part of the exhibitor or any of its officers, directors, agents, or employees.