

THIS PARTICIPATION, RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT is given in connection with my participation in VIRTUAL SUPPORT GROUPS, an educational event (hereinafter referred to as the “Program”) presented virtually by CLEVELAND CLINIC REHABILITATION HOSPITALS, LLC (hereinafter referred to as “CCRH”). As a condition of my participation in the Program, I acknowledge and understand that no patient-physician relationship is established or exists with CCRH by virtue of my participation and/or registration in this Program.

I agree that the material presented during the Program is being made available by CCRH for educational purposes only. This material is not intended to represent the only methods and/or procedures available for the medical conditions discussed, but are only intended to present an approach, view, statement or opinion of the author or presenter, which may be helpful, or of interest, to other practitioners. Under no circumstances is the information provided to serve as medical advice. I agree that CCRH owns all rights to the Program, including the materials presented, and I acknowledge that I have no ownership or other rights in or to such Program and materials. I further agree that I will not record, reproduce or distribute the Program, and I will not make available the Program or materials, in any format, to any other individual.

By registering for the Program, I agree to receive emails from CCRH and/or Select Medical, regarding this Program at the email address provided. I understand that to participate in the virtual Program, I need to register for the Program and, subsequently, access the Program via the URL link provided following registration. Additionally, I acknowledge and understand that there is no expectation of privacy during the Program, as my name and/or email address may be visible to other participants of the Program and I may be able to see other participants’ names and/or email addresses.

I agree to participate in this Program with full knowledge and awareness that I waive any claim I may have against CCRH and Select Medical, its members, or manager and their respective parent companies, subsidiaries and affiliates, and their officers, agents, and employees (collectively, referred to as “Releasees”) for reliance on any information presented in the Program. I covenant not to sue and release, waive, and discharge the Releasees, from all liability to myself, my personal representatives, assigns, executors, heirs, and next of kin for any and all claims, demands, losses or damages, all of which is caused or alleged to be caused in whole or in part by the negligence of the Releasees or any third parties or otherwise. I hereby agree to indemnify, save, and hold harmless the Releasees from any loss, liability, damage or cost that may occur due in any manner or degree to my participation in the Program, whether caused by negligence of the Releasees, third parties, or otherwise.

I agree this Participation, Release, Waiver of Liability and Indemnity Agreement extends to all acts of negligence by the Releasees, and is intended to be as broad and inclusive as is permitted by the law of the State of Ohio. If any portion thereof is held invalid, it is agreed the balance shall, notwithstanding, continue in full legal force and effect.