

Covid-19 Declaration

International Trauma Symposium

At the above CRC 1149 event, which will take place in Ulm, Germany, between the 19th and 21st of September 2022, all necessary preventive hygiene measures enacted by the local authorities and the University of Ulm to protect against Covid-19 will be taken in order to prevent infections at the best possible rate. However, a residual risk cannot be fully excluded. We therefore ask each participant (including faculty members) to complete and sign the following document:

Name of participant:____

Mobile phone number: _____

E-Mail:

- ✓ I confirm full comprehension of all preventive Covid-19 measures.
- ✓ I release the organizers and the host institution (including but not limited to the CRC 1149, University (Hospital) employees, assistants and contractors) from any liability, in the event I or my close relatives will get infected with Covid-19 at this event or as a consequence of this event.
- ✓ I confirm that I have been informed and that I accept that this CRC 1149 event is only open to participants with a valid Covid-19 vaccination certificate or an equivalent document acknowledged by the local authorities (in electronic or written form).

or

I confirm to the best of my knowledge and belief that I did not

- show any Covid-19-related symptoms (fever, cough, muscle aches, etc.)
- have contact with individuals at high risk for Covid-19 without complying with official mandatory protective measures
- have contact with Covid-19 patients without adequate protective measures (FFP2 mask, gloves and protective suit)
- have been to a zone defined officially as "red" or quarantine region

during the 14 days prior to this event.

- ✓ I understand that the CRC 1149 reserves it's right to take legal steps in case of any false statements with respect to the former points.
- ✓ I agree that the CRC 1149 is allowed to disclose my name and telephone number in due consideration of privacy to other participants, local authorities and tracing organizations, in case this is necessary to prevent further infections.

Your understanding and support are highly appreciated.

Date, signature of the participant: