



National
Scleroderma
Foundation

COVID-19 Safety Information and Release of Liability

The Scleroderma Foundation understands that the COVID-19 pandemic poses a serious health risk to those impacted by scleroderma and to the general public. Although approved vaccines currently available in the United States reduce risks significantly for fully vaccinated individuals*, there remain inherent risks to people of infection from this highly contagious viral infection when they engage with the general public, either indoors or outdoors.

Recent studies suggest that immunocompromised people, particularly those on mycophenolate mofetil, may have had less than 50% effectiveness of the vaccine. Thus, it is strongly recommended that people diagnosed with scleroderma/systemic sclerosis who are receiving immunosuppressive therapies such as mycophenolate mofetil and rituximab and those who live with them should continue to wear face masks, practice social distancing, avoid crowds and poorly ventilated indoor spaces, and use diligence in frequent hand washing.

Further, the United States Centers for Disease Control and Prevention (“CDC”) updated their recommendations for mask wearing as a precaution against COVID-19 on May 13, 2021. The new guidelines suggest it is safe for fully vaccinated individuals* “to resume activities without wearing a mask or physically distancing, except where required by federal, state, local, tribal or territorial laws, rules and regulations, including local business and workplace guidance.”

The CDC guidelines further state:

If you have a condition or are taking medications that weaken your immune system, you may NOT be fully protected even if you are fully vaccinated. Talk to your healthcare provider. Even after vaccination, you may need to continue taking all precautions. All precautions include:

- Wear a mask that covers your nose and mouth to help protect yourself and others.
- Stay 6 feet apart from others who do not live with you.
- Get a COVID-19 vaccine when it is available to you.
- Avoid crowds and poorly ventilated indoor spaces.
- Wash your hands often with soap and water. Use hand sanitizer if soap and water are not available.

**In general, people are considered fully vaccinated:*

- *2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or*
- *2 weeks after a single-dose vaccine, such as Johnson & Johnson’s Janssen vaccine.*

If you do not meet these requirements, regardless of your age, you are NOT fully vaccinated. Keep taking all precautions until you are fully vaccinated.



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In light of the current global COVID-19 pandemic, all individuals are required to provide a signed Waiver and Release of Liability in order to participate in any and all in person Scleroderma Foundation sponsored activities. Please read and sign below.

Waiver and Release of Liability

In consideration of the risk of COVID-19 exposure while participating in _____ (the "Activity") on _____ (DATE), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, and/or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge the Scleroderma Foundation, Inc., whose corporate office is located at 300 Rosewood Drive, Suite 105, Danvers, MA 01923, its affiliates, managers, members, agents, attorneys, officers, directors, staff, volunteers, heirs, representatives, predecessors, successors and assigns (collectively, the "Foundation"), from any and all claims, causes of action, suits, debts, liens, obligations, liabilities, demands, losses, damages, costs and expenses (including attorneys' fees) of any kind, character, or nature whatsoever, known or unknown, fixed or contingent, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity, which I may have, or claim to have, against the Foundation, including, without limitation, any claims arising from any physical or psychological injury, including but not limited to illness, paralysis, or death.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY. I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.

I agree to indemnify and hold harmless the Foundation against any and all claims, causes of action, suits, debts, liens, obligations, liabilities, demands, losses, costs and expenses (including attorneys' fees) of any kind, character, or nature whatsoever, known or unknown, fixed or contingent, arising from the Activity, including traveling to and from an event related to this Activity, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE THE SCLERODERMA FOUNDATION, INC. AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION, AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE OR MAY HAVE TO BRING A LEGAL ACTION AGAINST THE FOUNDATION FOR PERSONAL INJURY OR ILLNESS ARISING FROM MY PARTICIPATION IN THE ACTIVITY.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of the Foundation, its agents, and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment.

SIGNED: _____

PRINT NAME: _____