



Waiver, Release and Consent Form

Date: Friday June 12th, 2026

Event Venue: 300 Madison Ave, New York, NY 10017

The information you submit during registration for the SAPA 2026 Healthcare Investment Forum & Roadshow (the "Event") will be used by the Sino-American Pharmaceutical Professionals Association (SAPA) organizing committee solely for Event administration, communication, follow-up, and support related to the Event. Your information will be kept confidential.

Please read the following statements carefully and sign to acknowledge your understanding and agreement. Agreement is required to attend the Event:

- Personal Property:** I acknowledge that I am solely responsible for safeguarding my personal belongings (including phones, laptops, handbags, backpacks, etc.) during the Event. I understand that SAPA and the Event Venue are not responsible for any lost, stolen, or damaged personal property.
- Photo/Video Consent:** I understand that SAPA or its agents may take photographs and/or video/audio recordings during the Event, which may include my image, likeness, and/or voice. I consent to SAPA using such photographs and recordings for its non-commercial purposes, including event reporting, promotional materials, website content, social media, and future event marketing, without compensation to me.
- Assumption of Risk:** I understand that participation in the Event involves inherent risks, including but not limited to risks associated with large gatherings, travel, and potential exposure to illness. I voluntarily assume all risks associated with my attendance and participation in the Event and any related activities.
- Release of Liability:** In consideration for being permitted to attend the Event, I hereby release, waive, discharge, and covenant not to sue SAPA, its officers, directors, employees, volunteers, agents, and the Event venue (collectively, the "Released Parties") from any and all liabilities, claims, demands, actions, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the Released Parties or otherwise, while participating in the Event, or while in, on, or upon the premises where the Event is being conducted.

By signing below, I acknowledge that I have read this Waiver, Release, and Consent Form in its entirety, fully understand its terms, and agree to be bound by them voluntarily.

Print Name

Signature

Date