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AGREEMENT OF CONFIDENTIALITY & RELEASE AND WAIVER

I understand that as an IAOMS Foundation Fellowship/Visiting Scholar applicant and possible Fellowship/Visiting Scholar recipient, I have fiduciary duties to IAOMS and its Foundation. I further understand that during the course of the fellowship/visiting scholar application and selection process, I may have access to confidential and proprietary information.

I hereby affirm that I will treat such information, including all information distributed or discussed as confidential and proprietary. I will not disclose such information (i.e., Fellowship recipients/visiting scholars' final selection, names, etc.) to others (verbally, written or on any existing social media channels, professional and private), except when authorized by IAOMS. I further affirm that I will not use such information in any other manner that would be detrimental to the interests of IAOMS. Failure to comply with these fiduciary duties will result in termination of my participation in the IAOMS Foundation Fellowship Program/Visiting Scholar Program.

This affirmation of fiduciary duty and responsibility to respect confidentiality must be signed by all interested Fellowship/Visiting Scholar applicants in order to complete the application process. Failure to sign this document will result in an incomplete application.

I am fully aware that possible physical injury might occur to me as a result of my participation in the, and IAOMS Foundation Fellowship/Visiting Scholar Program ("Program"). I agree to assume the full risk, including risk which is not specifically foreseeable, of any injuries, including death, damages or loss regardless of severity, which I may sustain as a result of participating in any and all activities connected with or associated with the Program including, but not limited to, my travel to and from the Program.

In consideration of the right to participate in the Activity, I hereby waive any and all rights or claims I may have as a result of participation in the Program against IAOMS, the IAOMS Foundation, their respective directors, officers, employees, members, staff, and all individuals assisting in instructing and conducting the Program, and I hereby fully release and discharge them from any and all claims resulting from injuries, including death, damages or loss, which may accrue to me or my heirs arising out of or in any way connected with my participation in the Program.

I further agree to indemnify, defend, and hold harmless IAOMS, the IAOMS Foundation, their respective directors, officers, employees, members, staff, and all individuals assisting in instructing and conducting the Program, from any and all claims resulting from injuries, including death, damages, or loss, which may accrue to me or my heirs arising out of or in any way connected with my participation in the Program.

The provisions of this Participant Release and Waiver shall survive the termination or expiration of this Agreement of Confidentiality & Participant Release and Waiver.

Name (Print)

Signature

Date