



SEPSIS
ALLIANCE

Sepsis Alliance Support Community- Member Consent

I hereby consent to participate in the Sepsis Alliance Support Community. I fully understand and agree that my participation in the Program is for support, educational, recreational and communication purposes only.

THE PROGRAM, IN GENERAL

I understand that I will not be paid for participating in the Program and I will not be charged for participating.

I understand that I will receive onboarding materials via email, including a User Guide. I understand that I can ask questions now or later by contacting mjones@sepsis.org.

I understand that “active participation” in the Program means regularly attending virtual events. If I do not participate for a significant amount of time, I understand that my account may be inactivated. In that case, it can be reactivated by contacting mjones@sepsis.org.

I understand that I will be allowed to participate in this Program unless Sepsis Alliance determines that I am ineligible, such as by violating the Terms of Service. Sepsis Alliance may make this determination at any time, and at its sole discretion.

PROGRAM ACCESS

I understand that any use of the software, or any other items that I receive in connection with the VSC is at my own risk. I release Sepsis Alliance and its affiliates, subsidiaries, contractors, personnel, officers, and directors from liability for any use or

misuse of these items. I understand that I may not give my login or access to my family, friends, or any other person.

If I voluntarily withdraw from the Program or if Sepsis Alliance determines that I am ineligible, me, I agree to allow an authorized Sepsis Alliance representative, or a person designated by Sepsis Alliance, to deactivate my account.

I understand that Sepsis Alliance is not responsible for any information I share over the Internet. I understand that whenever I access the Internet there are inherent risks to my privacy and to the confidential personal information. I understand that I use the Internet and the service at my own risk. I release Sepsis Alliance and its affiliates, subsidiaries, contractors, personnel, officers, and directors from all liability for my use or misuse of any equipment or software, including but not limited to my use of the equipment and software required to participate in the Program.

I understand Sepsis Alliance will provide me with some technical assistance to participate in the Program, including providing support over the phone or via email. I release Sepsis Alliance and its affiliates, subsidiaries, contractors, personnel, officers, and directors from any and all liability in connection with this assistance. For technical assistance, I can email mjones@sepsis.org.

MY PERSONAL INFORMATION

I authorize Sepsis Alliance staff to obtain and/or exchange my limited personal information with other Sepsis Alliance staff and related third-party organizations, whenever it is reasonably necessary, for the purposes of program monitoring, research and development or reporting on service use, in accordance with the Privacy Policy. I understand that, whenever personal information is exchanged, there is a risk of a breach of confidentiality. I hereby release Sepsis Alliance and its affiliates, subsidiaries, contractors, personnel, officers, and directors from any and all liability pertaining to the release, acquisition or use of any information collected by the Program.

This form and my permission will never expire unless I withdraw it.