

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Carter County Omnium (“the Race”) has put in place preventative measures to reduce the spread of COVID-19; however, the Race **cannot guarantee** that you or your family will not become infected with COVID-19. Further, **attending the Race could increase** your risk and your family’s risk of contracting COVID-19.

By signing this agreement I attest that;

- I am not experiencing a cough, shortness of breath or sore throat.
- I have not had a fever in the last 48 hours.
- I have not had new loss of taste or smell.
- I have not had vomiting or diarrhea in the last 24 hours.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my family and I may be exposed to or infected by COVID-19 by attending the Race and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Race may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Race staff, volunteers, and Race participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my family or myself for illness, damage, loss, claim, liability, or expense, of any kind, that I or my family may experience or incur in connection with my attendance at the Race. On my behalf, and on behalf of my family, I hereby release, covenant not to sue, discharge, and hold harmless the Race, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Race, its staff, agents, representatives, sponsors, governments and their employees, whether a COVID-19 infection occurs before, during, or after participation in the Race.

Print Name _____ Date _____

Sign _____

Print Name of Parent or Guardian _____