



# 9th Annual 5k FAMILY FUN RUN November 14, 2020

## Participant Waiver for Race Registration

I know that running a road race on an open course is a potentially hazardous activity, which could cause injury. By my signature I certify that I am medically able to perform this event, and am in good health. I assume all risks associated with running in this event, including but not limited to: falls, physical contact with other participants, the effects of the weather, traffic and the conditions of the road including surrounding terrain.

I further agree to abide by the Center for Disease Control's (CDC) recommendations for the prevention of the spread of the 2019 Novel Coronavirus Disease (COVID-19) and other communicable diseases, and I attest that I have not tested positive for COVID-19 or exhibited any of the following symptoms within the last 24 hours

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Initial \_\_\_\_\_

I acknowledge the contagious nature of COVID-19 and other communicable diseases and voluntarily assume the risk that I may be exposed to or infected by COVID-19 and/or other communicable diseases by participating in this event. I acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 in connection with my participation in this event and personally assume this risk.

In consideration to participate in the 9th Annual Ericka Wade Foundation 5k Family Fun Run, I, the undersigned, on behalf of myself, my heirs, representatives, executors, administrators, and assigns, as well as my children, and/or any children for whom I have legal custody ("children"), HEREBY RELEASE The Ericka Wade Foundation and El Tapatio, and the officers, directors, employees, volunteers, agents, representatives and insurers of both entities from any causes of action, claims, or demands of any nature whatsoever. I certify that I have full knowledge of the nature and extent of the risks inherent in such access and participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury or death, that I sustain while participating in this event. I certify that by signing this Agreement I HEREBY RELEASE the Ericka Wade Foundation and El Tapatio from all liability for such loss, damage, injury or death.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature if under 18 years: \_\_\_\_\_

Date: \_\_\_\_\_