

COVID-19 WAIVER

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 the Patti J. Nelson foundation 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 is in connection with my participation in any race-related activities, and personally assume this risk.

I certify that, to the best of my knowledge, I have not had symptoms commonly associated with COVID-19 (fever/chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste/smell, sore throat, congestion or running nose, nausea or vomiting, diarrhea) in the past fourteen (14) days, nor have I been directly exposed to an individual contagious with COVID-19 in the past fourteen (14) days.

I agree that I will notify the race directors at Patti. J Nelson Foundation at pattijnelson5k@gmail.com if I develop symptoms or am exposed between the time of my signing this waiver and my arrival at the race event.

I agree that, if I develop clear symptoms and/or receive a positive test for COVID-19 in the fourteen (14) days after the event, I will notify the race directors at Patti J. Nelson Foundation at pattijnelson5k@gmail.com. I understand my personal information will be kept confidential, and CDC guidelines for contact tracing and notification will be followed.

I agree to follow the race-specific Safety Protocols that will be communicated to me by the race directors via email, website and/or in-person communication. I understand that those not cooperating will be asked to leave if they fail to follow the protocols.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at the event ("Claims"). On my behalf I hereby release, covenant not to sue, discharge, and hold harmless Patti J Nelson foundation and Smiley Miles, 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 Patti J. Nelson foundation, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in the Patti J. Nelson event.

Do you agree to this waiver: — yes — no

Full Name (required):

Email (required):

Phone number (required):