YOU ARE REQUIRED TO PRESENT THIS DOCUMENT AT BIB PICK UP TO RECEIVE YOUR OFFICIAL BIB NUMBER.

EVENT DATE: Saturday, March 13, 2021

HEALTH SCREENING QUESTIONNAIRE AND WAIVER

- Have you been exposed to someone who has symptoms compatible with COVID-19 within the past 14 days?
- Have you traveled overseas in the last 14 days?
- Do you have new or worsening onset of any of the following symptoms within the past 7 days: fever of 100.4 or higher, cough, shortness of breath, runny nose, sore throat, chills, body aches, fatigue, headache, loss of taste/smell, eye drainage, congestion?
- Are any members of your household on quarantine for exposure to COVID-19?
- If you have answered "yes" to any of these questions:
    - Please remain home.
    - Email info@TrackShack.com to switch your race to virtual.

PLEASE READ CAREFULLY BEFORE SIGNING

Minor Waiver and Release

In consideration of my child's, or the child in my care, entry being accepted, I intend to be legally bound, and do hereby, for myself, my child or the child in my care, my heirs, executors, waive and release all rights and claims for damages which may have or which may hereinafter accrue to me against Track Shack of Orlando, LLC (TS), Track Shack Fitness Club (TSFC) Event Marketing and Management Int'l., LLC (EMMI), RRCA, all city entities, sponsors, and vendors of the event which I am entering, any subsidiary or political division thereof, of their respective officers, agents, directors, representatives, successors, assigns, and sponsors for any and all damages or injuries which may be sustained and suffered by me in connection with my association with entry or participation in this event as is mentioned above. If I should suffer injury or illness, I authorize officials of the race to use their discretion to have me transported to a medical facility, and I take full responsibility for this action. I attest and certify that I am physically fit and have sufficiently trained for the completion of this event. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose.

As it applies to my participation in this race, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 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 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, volunteers, and program participants and their families. I agree to abide by the Center for Disease Control (CDC)'s recommendations for the prevention of the spread of COVID-19 and attest to having read the CDC's guidance at: https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html. I also agree to abide by any COVID-19 distancing and other safety guidelines issued by the state, the community or by this race for my participation in this race. 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, before, during and after this event I hereby release, covenant not to sue, discharge, and hold harmless TS, TSFC, EMMI 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 includes any Claims based on the actions, omissions, or negligence of TS, TSFC, EMMI its employees, agents, and representatives. Bicycles, dogs, scooters, inline/roller skates are prohibited. The use of headphones is discouraged. I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT MY CHILD OR THE CHILD IN MY CARE IS ENTERING THIS EVENT AT HIS/HER OWN RISK.

_____ _____

Child Printed Name Child Signature Date

_____ _____

Adult Printed Name Adult Signature Date

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BIB #

Circle your participation: Race participant Sponsor / Vendor Staff / Volunteer