

LOVIT 100 COVID Screening

PLEASE READ EACH QUESTION CAREFULLY	PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOU	
<p>Have you experienced any of the following symptoms in the past 48 hours:</p> <ul style="list-style-type: none"> • 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 	YES	NO
<p>Within the past 14 days, have you been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with:</p> <ul style="list-style-type: none"> • Anyone who is known to have laboratory-confirmed COVID-19? <li style="text-align: center;">OR • Anyone who has any symptoms consistent with COVID-19? 	YES	NO
<p>Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?</p>	YES	NO
<p>Are you currently waiting on the results of a COVID-19 test?</p>	YES	NO

<p>Did you answer NO to ALL QUESTIONS?</p>	<p>You are cleared to participate.</p>
<p>Did you answer YES to ANY QUESTION?</p>	<p>You are not cleared to participate.</p>

LOVIT 100 Waiver

I know that running or participating in a trail race is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but not limited to: falls, physical contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators including the potential the contraction of a communicable disease resulting from contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators. I assume all risks including: the effects of the weather; high heat and/or humidity; freezing cold temperatures; 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 to having read the CDC's guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>. I assume all such risks being known, appreciated, and accepted by me.

Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release RUN LOVIT ENDURANCE EVENTS, US Forest Service, Army Corps of Engineers, the Road Runners Club of America, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. In addition, 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. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purposes.

Printed Name

Signature

Date