

Covid-19 Waiver for Little Mountain Ride Participants

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that the Kosciusko-Attala Partnership (KAP) and the organizers of the Little Mountain Ride (LMR) event have put in place preventive measures to reduce the spread of Covid-19.

I further acknowledge that the KAP and the organizers of the LMR event cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and /or infected by Covid-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Kosciusko-Attala Partnership and Little Mountain Ride event volunteers.

I voluntarily seek services provided by the KAP and the organizers of the LRM event and acknowledge that I am increasing my risk to exposure to the virus. I acknowledge that I must comply with all set procedures to reduce the spread while attending the LMR event.

I attest that:

** I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain or cramping, headache, sore throat, or new loss of smell or taste at the present time or in the last 24 hours.

** I have not traveled internationally or to a highly impacted area (HOT SPOT) within the USA in the last 14 days.

** To my knowledge, I do not believe I have been exposed to someone with a suspected and/or confirmed diagnosis (a positive test) of the Coronavirus/COVID-19.

**I have not been diagnosed with Coronavirus and not yet cleared as non-contagious by state or local public health authorities.

** I am following all CDC recommended guidelines as much as possible and hopefully limiting my exposure to the virus.

I hereby release and agree to hold the Kosciusko-Attala Partnership and the Little Mountain Ride organizers and volunteers event harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss of myself and /or property that may be caused by any act, or failure to act of the KAP and the organizers, employees, and/or volunteers of the LMR event. I understand as an adult (or a minor with legal guardian consent) that I am entering this event by my own free will and will accept responsibilities for any actions concerning my safety and my health. I understand that this release discharges the KAP and the organizers of the LMR event from any liability or claim that I, my heirs, or any personal representative may have against the KAP and the organizers of the LMR with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to any services received from the KAP and the LMR event organizers. This liability waiver and release extends to the KAP employees and volunteers and all LMR organizers and volunteers.

signature _____
Participant of the LMR 2020

signature _____
Legal Guardian of Minor