

2020 Into the Darkness Waiver

ALL RACERS MUST SIGN PRIOR TO RACING - (updated 10/16/20)

In consideration of the acceptance of my application for entry into the Into the Darkness race, It needs to be restated here that if you aren't feeling well, have a fever or symptoms of COVID-19, or known exposure to a COVID-19 case in the prior 14 days, that you cannot participate in this event.

I'm acknowledging that an answer of "Yes" to the questions below is reason to not participate in this event.

1. Do you have any of these symptoms that are not caused by another condition?

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

2. Within the past 14 days, have you had contact with anyone that you know had COVID-19 or COVID-like symptoms? Contact is being 6 feet (2 meters) or closer for more than 15 minutes with a person, or having direct contact with fluids from a person with COVID-19 (for example, being coughed or sneezed on).

3. Have you had a positive COVID-19 test for active virus in the past 10 days?

4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

I freely agree with the following assumption of risk:

I fully realize the dangers of participating in this event which uses technical trails in the dark. I voluntarily accept all risks of participating in this event and for myself and anyone entitled to act on my behalf, waive and release the Into the Darkness race directors, Mountain Junkies LLC, race volunteers, sponsors, Roanoke Country and the Explore Park, their representatives and successors from all claims and 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. Further, I grant permission to all of the foregoing to use any photograph, video or recordings for any legitimate purpose. I also agree to abide by the decisions of race officials regarding my continuing in the race whether based upon failure to abide by the rules, meet cut-off times, medical condition, or other reasons.

In addition, I fully realize the dangers and accept all risks associated with COVID 19. I understand that the race officials are making modifications to the course and event format to reduce risk of transmission. While modifications are being made to reduce interaction and creating distance between participants, volunteers, staff, the risk of spreading and/or contracting the virus at various points of the event remains. These interactions may include, but are not limited to surface contact and/or exposure between individuals. By signing or agreeing with this assumption of risk, I acknowledge that I will read, gain understanding and comply with the risk reducing measures and protocols that are put in place. I further agree to hold harmless all parties, individuals, and entities producing, volunteering, supporting, or participating in the event, whether deemed to be at fault, or not, from being held liable for any health implications, immediate or long term, associated with but not limited to COVID 19.

RACER NAME (PRINT): _____

RACER SIGNATURE: _____ DATE: _____

PARENT OR GUARDIAN SIGNATURE (IF UNDER 18 YEARS OF AGE)