INLAND EMPIRE 4 WHEELRS WAIVER AND RELEASE OF

LIABILITY FOR EXPOSURE TO COVID-19

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RUN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE of RUN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The IE4W area listed above is scheduling a run for members and guest at the location and on the date(s) shown (the “run”). As a condition to attending this Run, each attendee hereby acknowledges, certifies, and aggress to the following:

1. The undersigned attendee agrees to comply with mask, social distancing and other Covid-19 protocols that will be distributed to attendees at the run as well as any additional Covid-19 requirements from applicable local, state, and federal mandates.
2. Regardless of adherence to health department requirements and recommendations, there is a risk of Covid-19 exposure whenever an individual enters a public space, a building with other people, or is in a crowd of individuals. By attending this Run, the undersigned attendee is assuming the risk of Covid-19 exposure.
3. Knowing the foregoing risks, the undersigned attendee accepts sole responsibility for any exposure to Covid-19 and resulting health conditions that may occur as a result of attendance at the Run.
4. The undersigned attendee hereby releases and holds harmless Inland empire 4 Wheelrs, the Area , and its respective officers, and club members from any and all responsibility for illnesses, injuries, sickness, death or other losses arising in any way from participation in the Run and potential exposure to Covid-19.

**THE UNDERSIGNED ATTENDEE HAS READ AND UNDERSTANDS THE ABOVE WAIVER AND RELEASE, UNDERSTANDS THE RISKS POSED BY COVID-19, AND SIGNS THE WAIVER AND RELEASE VOLUNTARILY.**

Attendee’s Name: (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attendee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attendee’s Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attendee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_