

Please answer the following questions:

1. Are you exhibiting any new symptoms (see below) related to COVID-19 that are not due to a pre-existing medical condition or a diagnosis of a medical condition unrelated to COVID-19?" Symptoms include:

- Fever (temperature greater than or equal to 100.0 degrees) 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

No Yes

2. Within the past 14 days, have you have had "close contact" with a person who is lab confirmed or diagnosed with COVID-19, and with respect to that person:

- You were within 6 feet for a "prolonged period of time" (currently considered to be at least 15 minutes)?
- You provided them care at home?
- You had direct physical contact (touched, hugged, or kissed them)?
- You shared eating or drinking utensils?
- They sneezed, coughed, or somehow got respiratory droplets on you?

No Yes

Participant's Compliance with COVID-19 Restrictions: A) I have truthfully answered COVID-19 Event Screening Questionnaire questions, and specifically confirm that in the previous 14 days I have had no contact with someone with a confirmed diagnosis of COVID-19, is under investigation for COVID-19, or is ill with a respiratory illness. I confirm that I do not presently have any of the commonly recognized symptoms of COVID-19, including loss of taste or smell, diarrhea, muscle pain, headache, chills or repeated shaking within the last 48 hours, or fever in the last 96 hours. B) At any time while present at the event, its' agents and officers, staff and volunteers, facility or activity, if I begin to experience ANY of the symptoms described above, I will notify event staff, leave the event, facility or activity. C) While present at the event, facility or activity, I will comply with all event guidelines and specific COVID-19 policies and instructions from event staff, and I acknowledge and agree that I may be asked to leave a facility or activity, without refund, if I fail to do so.

Participant's Assumption of Risk: A) I represent that I am at least eighteen (18) years of age or older, or, if I am not 18 years of age, that this Supplemental Release has been countersigned on

my behalf by my legal guardian. I hereby further state that I currently suffer from no physical or mental condition that would impair my ability to fully participate in the event. B) I further understand and agree that participation at the event is voluntary, and that such participation at this time carries with it certain inherent and unavoidable risks, including (in addition to those risks specified in the Original Release) the risk of exposure to or infection with COVID-19, and the potential increased risk of injury caused by racing with certain COVID-19 precautions, such as sanitizing and washing hands often.

Indemnification: I hereby indemnify, release and discharge the event, its owners, directors, officers, employees and agents from any liability, claims, losses, judgments, costs, or expenses arising directly or indirectly from my exposure to or infection with COVID-19 at the event including claims or damages resulting from death, personal injury, partial or permanent disability or property damage, medical or economic losses, including attorney's fees, whether caused in whole or in part from any instruction or training hereunder and whether based upon the breach of any express or implied warranty, negligence or under any other legal theories. I further indemnify, release, and forever discharge the event from any liability, claims, losses, costs or expenses arising directly or indirectly from my use of any event services. Acknowledgement of Supplemental Release Terms and Conditions: I acknowledge that this Supplemental Release shall be binding upon me and my respective heirs, executors, administrators and legal representatives. As used herein, the terms "Participant," "I," and "me" or "my" shall also refer to and include my legal guardian or other authorized representative that signs this Supplemental Release on behalf of me. In the event that Participant is a minor, any person signing this Supplemental Release on behalf of Participant hereby represents and warrants to the event that he or she is in fact duly qualified at law to act for and bind Participant and is authorized to do so. As used herein, the term "event" shall include The Woodlands Marathon, The Woodlands Half Marathon, The Woodlands 10k, The Woodlands 5k, The Woodlands 2k Family Fun Run, The Woodlands Marathon Health and Fitness Expo, The Woodlands Marathon Management, as warranted by the context, and their respective duly authorized directors, officers, employees, sponsors, government agencies and agents. This Supplemental Release commences in effect as of the date shown below and shall continue in effect not only for the event referenced above, but for any and all future activities that I may engage under the supervision of the event, or the supervision of the event authorized third party, regardless of whether such activities are conducted at the event location or elsewhere, such that it shall not be necessary for me to execute a separate Supplemental Release each time I engage the services of the event.

The Woodlands Marathon Management COVID-19 Waiver Supplement - By signing my name below, I agree to the above COVID-19 Waiver Supplement.

Printed Full Name

Date

Signature