

RUN(317) Carmel Villages of West Clay / Westfield Waiver:

In consideration of being allowed to participate in any way in the 2020 RUN(317) Carmel Villages of West Clay / Westfield, its related events and activities, (The Event) I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this Event is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OR OTHER CONDUCT OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of RUN(317) Carmel Villages of West Clay / Westfield on immediately.

3. I agree to abide by the Center for Disease Control's (CDC) current, ongoing and future updated 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 further agree to abide by the recommendations of the State, County and Local Health officials in the prevention of the spread of COVID-19 and other communicable diseases. I understand that the risk of becoming exposed to or infected by COVID-19 in connection with my participation in the Event, and personally assume this risk.

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Vision Event Management, LLC, the City of Carmel, Hamilton County Parks Department, the City of Westfield, Westfield Washington School Corporation, the Villages of West Clay, Kid's Voice of Indiana as well as their parents, subsidiaries, affiliates, officers, officials, agents and/or employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the Event ("Releasees"), WITH

RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, and/or loss or damage to person or property associated with my presence or participation, including costs and reasonable attorneys' fees of the Releasees, WHETHER ARISING FROM THE NEGLIGENCE OR OTHER CONDUCT OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

5. I, HEREBY GRANT RUN(317) Carmel Villages of West Clay / Westfield the permission to use my likeness, voice and words in television, radio, film or any other form for promotional

purposes. I also grant Vision Event Management and its RUN(317) Carmel Villages of West Clay / Westfield partners access to my email and contact information for promotional usage.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Further, I have read and answered the following questions as a condition of my participation in the event. If I choose not to answer any of the following questions, I will be prohibited from participating in the event.

Do you have any of the following symptoms?	Check Yes or No	
<b>Do you have any of the following symptoms</b>	<b>Yes</b>	<b>No</b>
Fever of 100.4 or greater		
Cough, shortness of breath or difficulty breathing?		
Sudden loss of taste and/or smell?		
Within the last 14 days have you traveled to any foreign country?		
Are you currently awaiting the results of a COVID- 19 test?		
Have you been in contact with anyone in the last 14 days who has tested positive for COVID 19 or is experiencing these symptoms?		

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Printed Name Date

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Signature

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Date