

COVID-19 Waiver of Liability

As most people are aware, the United States and most other countries are in the midst of responding to the coronavirus ("COVID-19") worldwide pandemic. Due to the nature of this issue, SKUSA does not provide medical or other COVID-19 related information, and recommends that you contact your medical practitioner and/or familiarize yourself with COVID-19 sufficiently for you to understand the risk and potential implications of participation for you and/or family members in any SuperkartsUSA Event. As per all readily available information, COVID-19 is known to be extremely contagious, and symptoms can vary among individuals. Therefore, it is incumbent on you to be knowledgeable about your individual COVID-19 risks and medical situation.

As a result, SKUSA has continued to take precautions consistent with the applicable federal, state, and local government requirements. Among these, SKUSA recommends and enforces social distancing, and limits the number of persons gathered at events. While SKUSA is taking all reasonable and legally-required precautions to prevent the spread of the virus, it cannot provide any reasonable assurances that you will not be exposed to and possibly infected at a SKUSA Event. Attending a SKUSA Event, as well as any sporting event at this time, could increase your risk of contracting COVID -19.

By signing this COVID-19 release agreement, I specifically acknowledge the unique and special COVID-19 related risks I am accepting by attending the SKUSA Event. **I UNDERSTAND THAT EXPOSURE TO COVID 19 COULD RESULT IN PHYSICAL HARM, INCLUDING BUT NOT LIMITED TO PERSONAL INJURY, ILLNESS, PERMANENT DISABILITY, AND DEATH.** I acknowledge that the risk of being exposed to the virus may originate from any and all persons who attend this event, including the SKUSA staff, teams, participants, mechanics, and participants' families.

I understand and agree that this release includes any claims based on the actions, omissions, or negligence (gross or ordinary) of SKUSA, their employees, agents, and representatives whether a COVID-19 infection occurs before, during, or after any SKUSA Event.

In addition, I freely accept all responsibility and the risks of any personal harm (including, but not limited to personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind that may result from attendance at the SKUSA Event. I hereby release, covenant not to sue, discharge, indemnify, and hold harmless SuperKartsUSA and its employees, agents, and representatives, of and from any claims, including all liabilities, actions, damages, costs or expenses of any kind arising out of or relating thereto.

Signature

Printed legal name
(Please print legibly)

Date

PARENTAL CONSENT: I am the parent or legal guardian of the minor named above, and I hereby give my consent for participation in the explained event. I understand that by signing this, I agree with all the above statements on the minor's behalf.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

Age of Minor

COVID-19 Waiver of Liability (continued)

I, _____ acknowledge these statements to be true to the best of my ability for my household.

- I have not had any of the following symptoms in the last 21 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever at or greater than 100 degrees Fahrenheit.
- No one in my household has tested positive for COVID-19.
- No one in my household has visited or received treatment in a hospital, nursing home, long-term care, or other health care facility in the past 30 days, potentially being exposed to COVID-19.
- No one in my household has knowingly been exposed to COVID-19, cared for an individual who has been presumptive positive, or has tested positive for COVID-19.
- I have no reason to believe I, nor anyone in my household has been exposed to or acquired COVID-19.
- To the best of my knowledge, I have not been in close proximity to any individual who tested positive for COVID-19.

If any of the above statements are not true during a SKUSA event, I will inform an official SKUSA representative and take any corrective steps. I understand the risks that may occur while attending this SKUSA Event despite SKUSA taking all reasonable actions.

By signing this agreement, I accept all responsibility in the event that I am exposed to any illness, knowing that I am solely here by personal choice. I have read and understood the COVID-19 Protocol given to me by the SKUSA officials and agree to follow all recommendations per the local, state, and federal laws and ordinances while participating in this event.

Signature

Printed legal name
(Please print legibly)

Date

Witness Signature

Witness legal name

Date