

# LAS VEGAS ELITE RUNNERS

### **COVID-19 PROCEDURE:**

I want to do my part to help Las Vegas Elite Runners keep my child(ren), teammates, the coaches, other families as safe as possible during the Covid-19 pandemic. I will follow the protocol established by Las Vegas Elite Runners for as long as it is in place regarding virus control. I have read, understand, and agree to the following policies and procedures:

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COVID-19 WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT
1. I am aware of the ongoing COVID-19 global pandemic. My child and my family have been healthy and do not pose a risk to other attendees or staff. No one I have been around has been diagnosed with COVID-19 and no one in my family is exhibiting (or have exhibited in the last 14 days) any of the symptoms of COVID-19 identified by the CDC, which include: cough; shortness of breath or difficulty breathing; fever; chills; muscle pain; sore throat; and recent loss of taste or smell. If my child or anyone in my family develops any of these symptoms, or if I have a suspected or diagnosed case of COVID-19, I agree that I will not bring my child to participate in any Las Vegas Elite Runners practice, event or meet.
(INITIAL)
2. I agree to follow all safety protocols implemented by Las Vegas Elite Runners. I acknowledge that these protocols may change at any time and I agree to abide by all such changes.
(INITIAL)
3. I understand my child and I must follow recommended guidelines for social distancing at practice, event or meet and may be asked to leave if they do not comply with the guidelines.
(INITIAL)
4. I will not attend any Las Vegas Elite Runners practice, event or meet within 14 days after (i) returning from a highly impacted area subject to a CDC Level 3 Travel Health Notice or (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice. I agree to regularly check the CDC Travel Health Notices including those listed at the following site:  (https://www.cdc.gov/coronavirus/2019-ncov/ travelers/index.html) prior to returning to any Las Vegas Elite Runners practice, event or meet.
(INITIAL)
5. I agree to notify Las Vegas Elite Runners immediately if I believe that my child or anyone in the family is experiencing any symptoms of COVID-19 and/or has a suspected or diagnosed case of COVID-19 or have been exposed to someone diagnosed with COVID-19.
(INITIAL)
PRINTED NAME OF ATHLETE:
PRINTED NAME OF PARENT AND/OR LEGAL GUARDIAN:
SIGNATURE OF PARENT AND/OR LEGAL GUARDIAN:
DATE SIGNED:



## LAS VEGAS ELITE RUNNERS

#### WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of **Las Vegas Elite Runners** athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA (methicillin-resistant Staphylococcus aureus), Influenza, and COVID-19.
   While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
- 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE 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 as regards to protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Las Vegas Elite Runners, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

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.

PRINTED NAME OF ATHLETE:
PRINTED NAME OF PARENT AND/OR LEGAL GUARDIAN:
FRINTED NAME OF FARENT AND/OR LEGAL GUARDIAN.
SIGNATURE OF PARENT AND/OR LEGAL GUARDIAN:
DATE SIGNED: