

**WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19**  
ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

The SCTA and the BNI have put in place preventative measures to reduce the spread of COVID-19, flu, pneumonia, and other communicable diseases: however, The SCTA and the BNI cannot guarantee that you will not become infected with COVID-19, flu, pneumonia and other communicable diseases. Further, attending this SCTA and/or BNI Sanctioned Event could increase your risk of contracting COVID-19, flu, pneumonia and other communicable diseases.

By signing this agreement, I acknowledge the contagious nature of COVID-19, flu, pneumonia, and other communicable diseases and voluntarily assume the risk that I may be exposed to or infected by COVID-19, flu, pneumonia, and other communicable diseases by attending this SCTA and/or BNI Sanctioned Event and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19, flu, pneumonia, and other communicable diseases at this SCTA and/or BNI Sanctioned Event may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SCTA and BNI employees, volunteers, spectators, racers, crew members, participants and their families.

In consideration of being allowed to participate, volunteer, or spectate in this SCTA and/or BNI Sanctioned Event on behalf of SCTA and the BNI and its related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from COVID-19, flu, pneumonia, and other communicable diseases. While particular rules, guidelines 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 protection against infectious diseases. If, however, I observe and 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.
4. I agree that I am personally responsible for my safety and actions while attending this SCTA and/or BNI Sanctioned Event. I agree to comply with all SCTA and BNI policies and rules, including but not limited to all SCTA and BNI policies, guidelines, signage, and instructions. Because this SCTA and/or BNI Sanctioned Event is open for use by other individuals, I recognize that I am at higher risk of contracting COVID-19, flu, pneumonia, and other communicable diseases. With full awareness and appreciation of the risks involved, I, for myself and on behalf of my family, spouse, estate, heirs, executors, administrators, assigns, and personal representatives, hereby forever release, waive, discharge, and covenant not to sue the SCTA and/or the BNI, its participants, its volunteers, its board members, officers, agents, servants, independent contractors, affiliates, employees, successors, and assigns (collectively the "Released Parties") from any and all liability, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, or injury, including death, that may be sustained by me related to COVID-19, flu, pneumonia and other communicable diseases whether caused by the negligence of the Released Parties, any third-party participating in or spectating at this SCTA and/or BNI Sanctioned Event, or otherwise, while participating in any activity while in, on, or around this SCTA and/or BNI Sanctioned Event.
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the SCTA and the BNI, their officers, officials, agents, volunteers, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Released Parties"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, whether arising from the negligence of Released Parties or otherwise, to the fullest extent permitted by law.

By signing below I acknowledge and represent that I have read the foregoing Waiver of Liability, understand it and sign it voluntarily as my own free act and deed, including without limitation the Release of Liability and indemnification requirements contained in this document; I am sufficiently informed about the risks involved in attending this SCTA and/or BNI Sanctioned Event to decide whether to sign this document; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this document for full, adequate, and complete consideration fully intending to be bound by the same. I agree that this Waiver of Liability shall be governed by and construed in accordance with the California State law, and that if any of the provisions hereof are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Waiver of Liability as a whole. This waiver remains in effect until the State of Utah or California lifts all COVID-19, flu, pneumonia, and other communicable diseases related mandates.

I, \_\_\_\_\_ ( Please print guardian/participant name)  
**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 IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against COVID-19, flu, pneumonia, and other communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, even if arising from the negligence of Released Parties or otherwise, to the fullest extent provided by law.

I, \_\_\_\_\_ ( Please print guardian/participant name)  
**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 IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
Guardian/Participant signature

\_\_\_\_\_  
Date