

Participant COVID-19 Travel Waiver

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus ("COVID-19") is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing, masks, vaccination, and other measures as a means to prevent the spread of the virus. **COVID-19 can cause severe illness, personal injury, permanent disability, and death. Participating in the Event could increase the risk of contracting COVID-19.** I agree to observe and obey all posted rules and warnings regarding COVID-19, and I further agree to follow any oral instructions or directions given by MHDC, or its employees, representatives, or agents.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of participation in the Event, I expressly waive and release for myself, my heirs, representatives, executors, administrators, and assigns ("Releasors"), MHDC, its officers, directors, employees, volunteers, agents, affiliates, coaches, members, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but not limited to, claims of negligence, now known or hereafter discovered, which Releasors may have, now or in the future, against Releasees on account of personal injury, contraction of sickness, death or accident of any kind, arising out of or in any way related to participation in the Event, however the injury or damage occurs, including, but not limited to the negligence of Releasees. I covenant not to make or bring any such claim against Releasees, and I forever release and discharge Releasees from liability under such claims.

In the event that I become sick or injured during the Event, I understand that I may be required to remain at meet location until such time it is safe to travel home. I am solely responsible for any expenses associated with remaining at meet location due to sickness or injury, including without limitation medical, lodging, and travel expenses. I further understand that insurance may not cover these expenses, and that MHDC is not obligated or required to reimburse any expense incurred.

In consideration of my participation in the Event, I agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my participation.

If any term or provision of this agreement is invalid, illegal, or unenforceable, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this agreement. This agreement is binding on and shall inure to the benefit of MHDC and me and our respective successors and assigns. This agreement shall be governed by the laws of the State where MHDC's headquarters are located without giving effect to any conflict of law provision. Any claim or cause of action arising under this agreement may be brought only in the federal and state courts located in the state and county where MHDC's headquarters are located, and I hereby consent to the exclusive jurisdiction of such courts.

I UNDERSTAND THAT THE TERMS OF THIS AGREEMENT ARE LEGALLY BINDING, THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE MHDC AND CERTIFY THAT I AM SIGNING THIS AGREEMENT, AFTER HAVING CAREFULLY READ IT, OF MY OWN FREE WILL.

I am the Participant's parent, guardian, or other trusted adult. If Participant becomes sick or injured during the Event, I will immediately travel to or remain at meet location to support and take responsibility for Participant. I further understand that Participant and I may be required to remain at meet location until such time it is safe to travel home. I am solely responsible for any expenses associated with traveling to or remaining at meet location due to sickness or injury, including without limitation medical, lodging, and travel expenses. I further understand that insurance may not cover these expenses, and in that event, MHDC is not obligated or required to provide a reimbursement for any expense incurred.

IN WITNESS WHEREOF, this instrument is duly executed this ____ day of _____, in the year _____.

Participant's Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)