



# 2020 PARTICIPANT WAIVER

Please read the following personal injury and property damage waiver and complete the information at the bottom of the form.

I understand that participating in the Louisville Sports Commission Corporate Games is potentially hazardous, and that I should not enter and participate unless I am medically able and properly trained. I assume full and complete responsibility for any injury or accident which may occur while I am traveling to or from the event, during the event, or while I am on the premises of the event. I am also aware of and assume all risks associated with participating in this event, including but not limited to falls, contact with other participants, effects of weather, traffic, and conditions of the event / course design.

I, for myself and my heirs and executors, hereby waive, release and forever discharge the event organizers, sponsors, promoters, volunteers, agencies, and each of their agents, representatives, successors, and assigns, and all other persons associated with the event, for liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in this event. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise. Further, I hereby grant full permission to any and all the foregoing to use any photographs, videotapes, or other recordings of the event for any purpose whatsoever.

By checking "agree" below, I verify that I have read and fully understand this waiver and that I am in compliance with the rules and guidelines of the event in which I am entered.

AGREE \_\_\_\_\_

### All Fields are Required

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

*Please indicate your affiliation with the participating company*

Employee     Spouse / Significant Other

Company Name \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm/dd/yyyy

- Yes  No    Have you or someone you have been in contact with travelled internationally in the past 21 days?
- Yes  No    Are you experiencing or have you experienced any of the following symptoms in the past 14 days:  
fever, cough, muscle aches and/or tiredness, difficulty breathing
- Yes  No    Have you been in contact with anyone who is or has experienced the following symptoms or has  
been confirmed positive for COVID-19 in the past 14 days: fever, cough, muscle aches and/or  
tiredness, difficulty breathing

If you answer yes to any of the above questions, you will not be allowed to participate in the Louisville Corporate Games.

Date Signed: \_\_\_\_\_