**SAN DIEGO VELODROME ASSOCIATION (SDVA)**

**2021 COVID-19, WAIVER, AND RELEASE OF LIABILITY**

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the State of California and County of San Diego has set recommendations, guidelines, and some prohibitions which the San Diego Velodrome Association (SDVA) adheres to comply.

In consideration of my participation in the foregoing, the undersigned acknowledges and agrees to the following:

* I am aware of the existence of the risk to my physical health in being present at the San Diego Velodrome (the “Velodrome”) and my participation in attending, spectating, participating in training rides or races at the Velodrome that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 that may lead to injury, sickness or death.
* I have not experienced symptoms that of fever, fatigue, difficulty breathing, dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within 14 days prior to using or being physically present on the Velodrome grounds.
* I have not, nor has any member(s) of my household traveled by sea or by air, internationally within 14 days prior to using or being physically present on the Velodrome grounds.
* I did not, nor has any member of my household, visit any area within the United States that was reported to be highly affected by COVID-19, in the 14 days prior to using or being physically present on the Velodrome grounds.
* I have not been, nor has any member(s) of my household, diagnosed to be infected with the COVID-19 virus within 30 days prior to using or being physically present on the Velodrome grounds.
* I am fully and personally responsible for my own safety and actions while and during may participation at the Velodrome and I recognize that I may be at risk of contracting COVID-19.

With full knowledge of the risks involved, I hereby release, waive, discharge the SDVA, its board, officers, independent contractors, affiliates, employees, representatives, successors, sponsors and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on, or around the Velodrome or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

I agree to indemnify, defend, and hold harmless the SDVA from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

By signing below I acknowledge that I have read the foregoing waiver and release of liability and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; that I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

***This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.***

I have read, understand, and freely consent to and sign this Agreement, Waiver, and Release of Liability.



Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last name) (First name) (MI)

Emergency Contact - name/phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a minor, Name & Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_