

## BLUFFTON RIDE TO REMEMBER COVID-19 WAIVER

I, the undersigned, have chosen to participate in the in-person option of the Bluffton Ride to Remember, organized and owned by Bluffton Lions Foundation (BLF), and scheduled for July 11, 2026 (herein called the Event); I hereby agree to the following:

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I acknowledge that BLF has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I acknowledge that BLF cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the staff of Bluffton Lions Foundation, Bluffton Family Recreation, Bike Crazy, Triplett Family Members, and their officers, agents and employees.

I voluntarily join the Event provided by BLF and acknowledge that I am increasing my risk of exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while participating in the Event.

I attest that:

\* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

\* I have not traveled internationally within the last 14 days.

\* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

\* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

\* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold BLF harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of BLF, or that may otherwise arise in any way in connection with the Event and related services received from BLF. I understand that this release discharges BLF from any liability or claim that I, my heirs, or any personal representatives may have against BLF with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from BLF. This liability waiver and release extends to Bluffton Lions Foundation, Bluffton Family Recreation, Bike Crazy, Triplett Family Members together with any and all of their officers, agents, and employees.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT; I FULLY UNDERSTAND ITS TERMS; I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT; AND I SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of participant: \_\_\_\_\_

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

Date signed: \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

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 communicable diseases. My child/ward understands and accepts these risks and responsibilities. I, for myself, my spouse, and child/ward do consent and agree to the release stated above for all of the persons and entities named above; and I, my spouse, and child/ward do release and agree to indemnify and hold harmless the stated persons and entities for any and all liabilities incident to my minor child's/ward's presence or participation in the activities as stated above, EVEN IF ARISING FROM NEGLIGENCE.

Name of Minor: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

Date signed: \_\_\_\_\_