**CYCLING WAIVER AND RELEASE**

I know that competing in or participating in a cycling ride is a potentially hazardous activity which could cause injury or death. I certify that I am medically able to participate in this ride; am in good health; and am properly trained. I agree to abide by any decision of a ride official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the ride and agree to abide by them. I assume all risks associated with cycling in this event, including, but not limited to: falls and physical contact with vehicles, bicycles, other participants, volunteers, ride personnel, service providers, employees, and spectators and the potential contraction of a communicable disease resulting from contact with other participants, volunteers, ride personnel, service providers, employees, spectators, and ride equipment. I understand that an Ansi/Snell approved helmet must be worn by me at all times on the course. I further assume the risk of: the effects of the weather; high heat and/or humidity; cold temperatures; traffic and the conditions of the road, trail, or track, including surrounding terrain. I further agree to abide by the Center for Disease Control’s (CDC) recommendations for the prevention of the spread of the 2019 Novel Coronavirus Disease (COVID-19) and other communicable diseases, and I assume all such risks being known, appreciated, and accepted by me.

I understand that skateboards, baby joggers/strollers, roller skates or inline skates, animals, and personal music players are not allowed in the ride.

In consideration for your accepting my entry, I, for myself and anyone for whom I am acting waive and release Samaritan Ministries and the Tour de Llama event, the City of Winston Salem, Divine Llama Vineyards, Ken’s Bike Shop and all other event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. In addition, I acknowledge the contagious nature of COVID-19 and other communicable diseases and voluntarily assume the risk that I may be exposed to or infected by COVID-19 and/or other communicable diseases by participating in this event. I acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and/or death.

I represent and warrant to the entities and persons named in this document that: no healthcare provider has told me that I am or may be infected by COVID-19; I am not experiencing symptoms of COVID-19 (e.g., elevated temperature, fever or chills, sore throat, shortness of breath or difficulty breathing, and new loss of taste or smell); and I will not attend or participate in this event if, after signing this waiver, my medical condition changes to the extent that either of the foregoing statements about COVID-19 is no longer accurate.

I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purposes. I understand that this event does not provide for refunds in the event of a cancellation, and by signing this waiver, I acknowledge that I am not entitled to a refund if the event is cancelled before or during the event.

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

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

Parent/Guardian signature if under 18 years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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