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8 Governing Law, Venue and Jurisdiction : The undersigned understands and agrees that this document is intended to be as broad and inclusive as permitted under applicable law and shall be governed by Utah law. In the event of a dispute, the exclusive venue and jurisdiction for any lawsuit arising out of such dispute shall be the state court of Iron County, or the federal courts located in Salt Lake City, Utah. \_\_\_\_\_ INITIAL HERE

THE UNDERSIGNED PARTICIPANT HEREBY CERTIFIES THAT I HAVE COMPLETELY READ AND UNDERSTAND THIS AGREEMENT AND ITS TERMS. THAT PRIOR TO SIGNING THIS AGREEMENT, I HAVE HAD THE OPPORTUNITY TO ASK ANY QUESTIONS ABOUT THIS AGREEMENT. I AM AWARE, BY SIGNING THIS AGREEMENT I ASSUME ALL RISKS AND WAIVE AND RELEASE CERTAIN RIGHTS THAT I AND EACH OF MY HEIRS, NEXT OF KIN, FAMILY, RELATIVES, GUARDIANS, CONSERVATORS, EXECUTORS, ADMINISTRATORS, TRUSTEES AND ASSIGNEES MAY HAVE AGAINST RELEASEES.

\_\_\_\_\_  
Signature Printed Name Date

**COVID 19 Symptoms Check**

I the undersigned, 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 have not traveled to a highly impacted area within the United States of America in the last 14 days
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of COVID- 19
- I have not been diagnosed with 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 COVID- 19

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I give permission to be transported to any medical facility or hospital and authorize any qualified medical provider to give me the care judged to be necessary.

I certify that I do not have any medical or physical condition that would prevent my participation in this activity < \* I feel the organizers should know about! (voluntary disclosure)

\_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Daytime Phone Number \_\_\_\_\_ Evening Phone Number \_\_\_\_\_

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