



NAME OF TEAM _____

1. I _____, I am a participant / parent of a participant in the Lismore Samson Fitness Challenge Events in Lismore ("Samson").
2. I acknowledge, understand and accept that Samson involves real risk of serious injury or even death from various causes including; dehydration, physical stress and health failure; equipment failure; accidents with other competitors, spectators or road users; drowning, inherent race course risks; weather conditions and other causes.
3. I understand that I should not compete in Samson unless I have trained appropriately and my physical condition has been verified by a medical practitioner as being of a high personal health standard to withstand the expected stresses caused by competitive sport.
4. By competing, I accept all risks flowing from my participation which could result in loss of life or permanent injury. Accordingly, I release all persons or corporations associated directly or indirectly with the conduct and organisation of Samson from all claims, demands and proceedings arising out of my participation and I hereby indemnify them against all liability (including liability for their negligence and the negligence of others) for all injury, loss of damage arising out of or connected with my participation in this event.
5. I consent to receiving all forms of medical treatment onsite at Samson or in a medical facility and including ambulance transportation that the organizers think desirable during or after the event.
6. I consent to the organizers using my name, image and likeness before, during or after the event for event promotional broadcasting or reporting purposes in any media.
7. I accept the safety precautions undertaken by organizers (such as course design, course supervision and course safety briefings) are a service to me and other competitors but are not a guarantee of safety and that it is my choice to participate in and complete each activity (or leg).
8. I acknowledge that I have read and understood all of the conditions of entry and agree to abide by the conditions of the event as stated in this declaration.
9. COVID-19: By signing this Waiver, I acknowledge the contagious nature of the SARS-CoV-2 virus (the "novel coronavirus" or "COVID-19") and voluntarily assume the risk that I, on behalf of myself, and, if applicable, my Ward, may be exposed to or infected by the novel coronavirus by attending and/or participating in the Event, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that (i) my, and if applicable, my Ward's attendance and/or participation in the Event involves the inherent risk of exposure to the novel coronavirus, and (ii) the risk of becoming exposed to the novel coronavirus or persons with the COVID-19 disease at the Event may result from the actions, omissions, or negligence of myself and others, including, but not limited to, other Participants or any Release.

Further, notwithstanding the foregoing, I agree that I, on behalf of myself or my Ward, will neither attend nor participate in an Event if I or my Ward have, in the past 14 days: (i) been tested for or have a suspected or confirmed case of COVID-19; (ii) experienced any symptoms of COVID-19 including, without limitation, fever, cough or shortness of breath; or (iii) been exposed to or in close contact with a person known to have COVID-19 (or any known symptoms thereof).

Signature

Date

If Signing on behalf of a competitor under 18 – Competitors full name here

Name of Emergency Contact

Mobile No. of Emergency Contact