

COVID-19 Event Questionnaire and Waiver Release

USA Water Ski & Wake Sports (USA-WSWS) and River City Water Ski Team is dedicated to protecting the health and safety of our members.

I attest that I am not experiencing any symptoms of illness such as a fever, cough, or shortness of breath. If I develop these symptoms, I agree that I will leave the event premises immediately. I am aware that I must follow the safety and hygiene protocols of the event organizer.

I attest that I currently and throughout the entire RCWST 2021 Ski Season that :

- I have not traveled internationally in the past 14 days
- I have not traveled to a highly impacted area within the United States in the past 14 days
- I do not believe that I have been exposed to a person with a confirmed or suspected case of COVID-19 in the past 14 days
- I have not been diagnosed with COVID-19 or have been cleared as noncontagious by state or local public health authorities
- I am following recommended guidelines as much as possible - practicing social distancing, trying to maintain separation of six feet from others, and otherwise limiting my exposure to the coronavirus.

I understand, acknowledge and assume the risks and dangers associated with participation in the sport of water skiing, wake sports and related water sport disciplines and activities, including without limitation, the potential for serious bodily injury, sickness and disease (including COVID-19), permanent disability, paralysis and loss of life; loss of or damage to equipment/property; exposure to extreme conditions and circumstances; contact with other participants, spectators, boats, animals or other natural or manmade objects; dangers arising from adverse weather conditions; imperfect ski course conditions; water and surface hazards; equipment failure; inadequate safety measures; participants of varying skill levels; situations unknown to or beyond the immediate control of the Event Organizers; and other undefined, not readily foreseeable and presently unknown risks and dangers ("Risks"). I understand that these Risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in the Event(s), or the negligent acts or omissions of the Released Parties defined below, and I hereby expressly assume all such Risks and responsibility for any damages, liabilities, losses, or expenses which I incur because of my participation in the Event.

For Minors:

Print Name(s): _____ Age: _____ Date of Birth: _____
Print Name(s): _____ Age: _____ Date of Birth: _____

Adults:

Print Name: _____

X _____

Signature of Participant or Parent/Guardian for minors

Date Signed