

Please note this waiver contains new information relating to Coronavirus disease Covid-19.

Waiver must be accepted for entry acceptance. In registering for RUN NIAGARA 2020 I fully understand and assume the risk of participating on a running course and have trained to an appropriate level of fitness to participate in such a physically demanding event.

I also state that I understand the risks of transmitting or receiving Covid-19 by participating in this event and agree to take responsible actions to reduce the chances of either transmitting or receiving Covid-19. Such responsible actions include not participating should I feel or exhibit any symptoms of Covid-19, distancing to prevent transmission, using sanitizing products made available at high touch points and adherence to all protocols instituted by the Niagara Falls International Marathon.

I hereby state that I am fit to waive all claims for myself and for anyone acting on my behalf, against any and all sponsors, directors, employees, volunteers of the Niagara Falls International Marathon, The Corporation of the City of St. Catharines, The City of Welland, The Welland Recreational Canal Corporation for damages that might result from my participating therein. If I am injured or taken ill, I hereby authorize race officials to transport me to a medical facility and/or to administer emergency medical treatment and waive all claims for damages that might result from such transport and/or treatment. I also agree to provide certain medical data to race officials. Participants consent to receiving emails including confirmation of registration and, to use of any photographs, videos, recordings or any record of my participation in this event for any purpose.

Risk Assessment Screening Questions

I will review the Risk Assessment screening questions below and if Yes applies to any of the questions for me in the 14 days preceding the event or on event day I hereby agree I will not participate or attend the event on race day.

1. Do you have any of the following symptoms which are new or worsened if associated with allergies, chronic or pre-existing conditions: fever, cough, shortness of breath, difficulty breathing, sore throat, and/or runny nose? Yes No

In the past 14 days, at work or elsewhere, while not wearing appropriate personal protective equipment:

2. Did you have close contact with a person who has a probable or confirmed case of COVID-19? Yes No

3. Did you have close contact with a person who had an acute respiratory illness that started within 14 days of their close contact to someone with a probable or confirmed case of COVID-19? Yes No

4. Did you have close contact with a person who had an acute respiratory illness who returned from travel outside of Canada in the 14 days before they became sick? Yes

No

5. Did you have a laboratory exposure to biological material (i.e. primary clinical specimens, virus culture isolates) known to contain COVID-19? Yes No