



VOLUNTEER WAIVER & RELEASE

I certify that I am eighteen (18) years of age or older, that I am in good health and have no known conditions that would be impacted in any way by performance of my volunteer duties. My participation in activities and events organized or sponsored by Upland Chamber of Commerce are voluntary.

I assume all risks associated with my voluntary participation in activities and events organized or sponsored by Upland

Upland Chamber of Commerce; City of Upland; and all other event sponsors; all municipalities; governmental entities, special districts and properties to which the event will pass, including injuries or illness to person and damage or loss to property.

For any injury, illness, property damage or loss suffered or sustained by me which is in any way associated with my participation in, travel to and from, or other activity associated with the Tour de Foothills, I do hereby, for myself, my heirs, my administrators and executors, forever WAIVE, RELEASE AND DISCHARGE and agree to indemnify for any and all rights and claims, for any expenses, damages or other losses which I may have or which may hereinafter accrue against:

Upland Chamber of Commerce

City of Upland

Other Event Sponsors

Including governmental entities, sponsors and organizations or their respective representatives, officers, directors, employees, agents, successors and assigns.

I hereby consent to receive any and all reasonably necessary medical treatment in the event of injury, accident and or illness during this event and agree to pay for all costs relating to such medical treatment.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns.

This Waiver & Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and, I understand its content. **TDF Volunteer t shirt size:** _____

Email Address _____

Cell Phone Number _____

Volunteer's Name (PRINT) _____

Volunteer's Signature _____

Date: _____

PARENT/GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

VOLUNTEER'S NAME (Print)

AGE

SIGNATURE (Parent/Guardian)

DATE

Emergency Contact: _____

Phone: _____

TO BE SIGNED AT VOLUNTEER CHECK-IN

2021 Tour de Foothills Bike Ride

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that the Tour de Foothills Bike Ride/Upland Chamber of Commerce has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

Due to the outbreak of the novel Coronavirus (COVID-19), the Tour de Foothills Bike Ride/Upland Chamber of Commerce is taking precautions. Our safety procedures include health history review and sanitation/disinfection steps, face coverings, and frequent hand sanitizing/hand washing in accordance with county, state, and federal guidelines.

Symptoms of COVID-19 include fever, fatigue, dry cough, and difficult breathing.

Please initial that you understand and affirm each of the following:

- ☐ I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- ☐ I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the past 30 days.
- ☐ I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days.
- ☐ I affirm that I, as well as all household members, have not traveled outside of the country or to any city considered to be a “hot spot” for COVID-19 infections within the past 30 days.
- ☐ I understand that the Tour de Foothills Bike Ride/Upland Chamber of Commerce cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client.

By signing below, I agree to each statement above and release the Tour de Foothills Bike Ride/Upland Chamber of Commerce from all liability for the unintentional exposure or harm to COVID-19.

This liability waiver and release extends to the chamber together with all Board of Directors, employees, sponsors, and venue.

Signature: _____

Print Volunteer Name: _____

Date: _____