

Triathlete Waiver



Event name Event date:

Participant Name: Bib Number: Age:

Emergency Contact Name: Phone Number:

To the best of your knowledge have you come into close contact (within 2 meters) with someone who has a laboratory confirmed COVID – 19 PCR diagnosis in the past 14 days? Yes No

Do you or have you had in the last 21 days any of the following:

Fever or chills Yes No

Cough or shortness of breath or difficulty breathing Yes No

Body aches (non-injury related) Yes No

Headache Yes No

New loss of taste or smell Yes No

Sore throat Yes No

Loss of appetite or nausea Yes No

New skin rash Yes No

Have you or anyone in your household been tested for COVID-19? Yes No

Have you or anyone in your household visited or received treatment in a hospital, nursing home, long-term care, or other health care facility in the past 30 days? Yes No

Are you a NON UAE resident? Yes No

Have you or anyone in your household traveled outside the UAE in the past 21 days? Yes No

Have you or anyone in your household traveled on a cruise ship in the last 21 days? Yes No

Are you or anyone in your household a health care provider or emergency responder? Yes No

Have you or anyone in your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19? Yes No

Do you have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19? Yes No

If you have children who attend a UAE school has there been a need to close the school or continue home learning or communication to you that there was a potential risk in the school around COVID-19? (if you have no children answer: NO) Yes No

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

I acknowledge that social gathering is not permitted and will always adhere to the 2-meter rule before, during and after the event. I acknowledge I may be disqualified from the event if this is broken at any point whilst actively participating in the event.

I agree to wear a face mask at all times when not participating in the event from start line to finish line.

I further acknowledge that Tri Race Events Management (RaceME) has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19 & cannot guarantee that I will not become infected with the Coronavirus/Covid-19.

I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, race staff, and other athletes participating.

I voluntarily signed up to this event and aware that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while participating.

I attest that I have answered the questions in this waiver truthfully and to the best of my ability.

I hereby release and agree to hold Tri Race Events Management (RaceME) harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of Tri Race Events Management (RaceME), or that may otherwise arise in any way in connection with any services received from Tri Race Events Management (RaceME).



Signed:.....

Date:.....