

**2020 Mid-Ohio Sports Car Course & The Mid-Ohio School  
COVID-19 Medical Risk Assessment Screening  
And Waiver and Release of Liability Agreement**

COVID-19 has been declared a worldwide pandemic by the World Health Organization, is extremely contagious and can be deadly. Federal, state, and local governments and health agencies recommend and, in some cases, require social distancing, use of nose/mouth coverings, frequent hand washing/sanitization, use of gloves, limitation of group sizes, and other actions to reduce the possibility of spreading the virus. Green Savoree Mid-Ohio, LLC d/b/a the Mid-Ohio Sports Car Course and the Mid-Ohio School ("GSMO") has put in place preventative measures, including the following screening questions, in an effort to reduce the spread of COVID-19. Your honest completion of the following questions is important to help GSMO take precautionary measures to reduce the possibility of spreading COVID-19.

- Have you traveled outside of Ohio within the past 14 days?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
- Have you come into close contact (within 6 feet) in the past 14 days with someone who has, in the past 14 days, returned from travel to an area that is under a Level 2, 3, or 4 Travel Advisory based on COVID-19, according to the U.S. State Department? Including: China, Italy, Iran, and most countries in Europe  
\_\_\_\_\_ YES \_\_\_\_\_ NO
- Have you come into close contact (within 6 feet) in the past 14 days with someone who has been diagnosed with COVID – 19?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
- Have you had a fever (greater than 100.4 F or 38.0 C) in the past 14 days?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
- Have you had a cough, shortness of breath, difficulty breathing, sore throat, headache, chills, repeated shaking from the chills, extreme fatigue, muscle pain, numbness in your hands or feet, nausea, vomiting, diarrhea or loss of taste and smell in the past 14 days?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
- Are you a first responder, healthcare worker, or employee of a long-term facility? (Nursing home or Rehabilitation & Correctional facility)  
\_\_\_\_\_ YES \_\_\_\_\_ NO

GSMO cannot guarantee that you will not come in contact with or become infected with COVID-19 while on GSMO's premises. In consideration of you being permitted to participate in events at and/or being permitted to enter any part of the premises owned and/or operated by GSMO, you acknowledge, represent and agree that you, on behalf yourself and your personal representatives, spouse, children, heirs, next-of-kin, and assigns (collectively "Releasers") represent, warrant, and agree as follows:

**You have truthfully answered the questions set forth above and have read, and understand this COVID-19 Medical Risk Assessment Screening and Release and Waiver of Liability Agreement (the "Release")**

1. You are fully aware of and voluntarily assume all risks, known and unknown, suspected and unsuspected relating to; (a) Covid-19; (b) the possibility that you may be exposed to and/or contract COVID-19 as a result of being present at GSMO's premises and as a result, may become seriously ill, may die, and/or may expose others (including but not limited to family members, friends and coworkers) to COVID-19 who may become seriously ill, may die, and/or who in-turn may expose others to COVID-19 or other diseases (collectively "Risks").

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2. You, individually and on behalf of the other Releasors hereby release, waive, discharge, and covenant not to sue GSMO, its parent company, affiliates, sponsors, suppliers and their respective owners, officers, directors, agents, contractors, instructors and employees (collectively "Releasees") from all liability to you, and/or any of the Releasors, for any and all known and unknown, suspected and unsuspected, loss, damage, liability, costs, expense, and any claim or demands therefore on account of injury, illness, disability and/or death to you and/or any of the other Releasors arising out of or related to; (a) COVID-19; (b) your presence on GSMO's premises; (c) you and/or the other Releasors being exposed to and/or contracting COVID-19 as a result of you being present at GSMO's premises; (d) the Risks; (e) the failure of Releasees to make, follow, and/or enforce rules, guidelines, orders, and/or regulations relating to COVID-19; and/or (f) any act or omission of the Releasees whether caused by the negligence of the Releasees or otherwise (collectively "Claims").
  
3. You agree to assume full responsibility for, and agree to indemnify, defend, and hold Releasees harmless from and against any and all, demands, liabilities, litigation, damages, losses, costs and expenses (including, without limitation, reasonable attorneys' fees) arising out of or in connection with: (a) any breach or alleged breach by you or any Releasor of any provision of this Release; (b) any act or omission of you and/or any Releasor; (v) any and all Claims brought and/or alleged by you and/or any of the other Releasors; (vi) any bodily injury, personal injury, illness, and/or death suffered by you and/or any Releasor; and (vii) any and all Claims, whether caused by the negligence of the Releasees or otherwise (including, but not limited to, claims of loss of consortium by your spouse and/or any of the other Releasors).

You agree that this Release extends to all acts of negligence by the Releasees and is intended to be as broad and inclusive as is permitted by the laws of the state of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This Release shall be construed and interpreted in accordance with the laws of the State of Ohio and all litigation relating to this Release and/or Claims shall be subject to the exclusive jurisdiction of the courts of the state of Ohio and county in which Mid-Ohio's premises is located. In the event of any conflict between the Release and any other agreement, statement, and/or documents, this Release shall control. This Release is irrevocable and applies to all events and to all times and dates you are on GSMO's premises.

\_\_\_\_\_  
Affiliation (Club, Team, Series, Company etc.)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cell Phone #