



I understand this SHM Converge Virtual 5k run is a virtual activity where I run on my own, in a location and running route of my choosing, which will not have any support or security measures in place by the Society of Hospital Medicine, is a potentially hazardous activity, which could result in injury or death. I acknowledge that I am participating in the activity outlined by this virtual event by my own free will and at my own personal risk. By my participation in this event, I certify that I am medically able to perform, and am in good health, and I am properly trained. I further agree to abide by the Center for Disease Control's (CDC) recommendations for the prevention of the spread of the 2019 Novel Coronavirus Disease (COVID-19) and other communicable diseases, and I attest to having read the CDC's guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>. I attest that if my community has a shelter in place order, that I will only participate in the virtual event by using a personal treadmill or other similar in-home equipment, and I will not run outside in the community during the duration of a shelter in place order.

I agree to abide by any decision of a race official relative to any aspect of my participation in this virtual event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the SHM Converge virtual 5k race scheduled for May 3-7, 2021 including the terms in this waiver, the timeline of the virtual event, and agree to abide by them. I assume all risks to me associated with running on my own as part of this virtual activity, including but not limited to: falls, contact with other pedestrians, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road or trail, all such risks being known or unknown and appreciated by me when out running on my own without any type of support from local officials or event organizers.

Having read this waiver and knowing these facts and in consideration of the Society of Hospital Medicine's acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Society of Hospital Medicine, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this virtual event, and waive my ability to bring any legal action against the entities outlined in this waiver as I am voluntarily electing to run on my own as part of this virtual event. I grant permission to all of the foregoing to use my photographs which I may share online as part of the event, personal data provided during registration and post-event reporting, video or audio recordings, or any other record of this event for any legitimate purpose.

Print Name: _____

Signature: _____