

COVID-19 Travel Survey and Wellness Attestation for Visitors

Visitor Name: _____

Phone No.: _____ Email: _____

To ensure the safety of our employees, visitors and the public, World Champions Centre (the “Company”) is taking steps to address COVID-19. As part of this effort, you are required to complete the Travel Survey and Attestation below prior to entering the Company’s facilities. After reviewing this form, the Company may require additional information or take other appropriate action, which may include not allowing you access to the Company’s facilities.

Travel Survey

In the **last 14 days**, have you been on any cruise ship and/or traveled outside the State of Texas?

No Yes (List Cruise liner and / or State/Country visited):

Wellness Attestation

By signing below, I confirm that all of the information on this Form is true and correct. I further attest that (1) I have **not** experienced **any** of the following Coronavirus (COVID-19) flu-like symptoms in the last 14 days; (2) that I have not been in close contact in the last 14 days with anyone who has exhibited such symptoms, has been diagnosed with COVID-19, or has been instructed by a healthcare provider to self-quarantine; (3) that I have not been diagnosed with COVID-19 and am not still within a quarantine period as recommended by a healthcare provider; (4) that I will follow any recommendations State health officials make regarding my health status in consultation with my health care; and (5) that I will follow all safety policies adopted by the Company including, but not limited to, the wearing of a face mask/face covering within the Company’s premises as well as social distancing requirements. I acknowledge and agree that I will be required to complete a temperature check and screening (collectively the “Screening”) voluntarily in order to enter the Company’s premises on each visit. I understand and acknowledge that I will not be granted access to the Company’s facilities if I record a temperature of 100.0 degrees Fahrenheit or greater. I understand that the Screening is not diagnostic and does not create a patient/healthcare provider relationship with the Company. I hereby authorize the Company to take my temperature reading, and ask questions regarding my potential exposure to, and symptoms associated with, respiratory illnesses such as COVID-19. The Company will maintain any related documentation in a confidential manner. By executing this Wellness Attestation, I hereby certify the statements set forth herein on the date of certification and on each date I arrive at the Company. I acknowledge that it is my duty to revoke this certification as it relates to future dates in writing if I can no longer make the attestations contained herein.

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| <ul style="list-style-type: none">• Fever of 99.5° or higher• Sore throat• Muscle pain• Diarrhea• Headache• Loss of taste or smell | <ul style="list-style-type: none">• Cough• Shortness of breath, difficulty breathing, or fatigue• Chills or repeated shaking with chills• Runny nose |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Signature

Date

**Consent Release, Waiver of Liability, Assumption of Full Responsibility of Respiratory Illness
Including COVID-19, and Indemnity Agreement**

World Champions Centre (the “Company”) has made certain areas of its property available to visitors for events (“Events”). I understand that the Company exercises no control over the conduct of Events; however, because they occur on Company property, as a condition of attending Events, I must agree to the terms in this Assumption of Risk Agreement (“Agreement”). I understand that the Company may revoke its permission for me to attend Events and/or to be on Company property in its sole discretion at any time. I, the undersigned, on behalf of myself, my legal representatives, heirs and assigns (collectively “I” or “myself”) enter into this Consent Release, Waiver of Liability, Assumption of Full Responsibility of Respiratory Illness Including COVID-19, and Indemnity Agreement (“Agreement”) for the benefit of the Company and the owners, agents, employees, independent contractors, affiliates, successors and assigns (collectively the “Company”).

Acknowledgment of Risk. I HEREBY ACKNOWLEDGE THAT I AM KNOWINGLY AND VOLUNTARILY ATTENDING EVENTS WITH AN EXPRESS UNDERSTANDING THAT THE EVENTS MAY ENTAIL SOME RISKS, INCLUDING INHERENT AND UNFORESEEN RISKS, AND CAN BE HAZARDOUS, INVOLVING THE RISK OF ILLNESS, INJURY AND/OR DEATH, INCLUDING THE RISK OF CONTRACTING COVID-19. BY SIGNING THIS AGREEMENT AND PARTICIPATING IN EVENTS, I HEREBY AGREE TO ACCEPT AND EXPRESSLY ASSUME ANY AND ALL RISKS OF ATTENDING EVENTS, WHETHER KNOWN OR UNKNOWN AND WHETHER FORESEEN OR UNFORESEEN, INCLUDING BUT NOT LIMITED TO EXPOSURE TO THIRD PARTIES AND ANY ILLNESSES OR COMMUNICABLE DISEASES THEY MAY BE CARRYING, INCLUDING WITHOUT LIMITATION COVID-19; RISKS ATTENDANT TO ACTIVITIES UNDERTAKEN BY EVENT ORGANIZERS OR SPONSORS AT THE EVENT, OVER WHICH THE COMPANY HAS NO CONTROL; ALLERGIC REACTIONS TO FOOD SERVED AT EVENTS, THE AIR IN THE FACILITY, OR OTHER MATERIALS PRESENT AT EVENTS AND/OR ON COMPANY PREMISES; NEGLIGENCE OR INTENTIONAL MISCONDUCT OF OTHER PARTICIPANTS IN EVENTS OR THIRD PARTIES; LOSS OF OR DAMAGE TO PERSONAL PROPERTY; AND/OR MENTAL DISTRESS RESULTING FROM ANY OF THE ABOVE; AND ASSUME ALL ECONOMIC RISKS INCLUDING, BUT NOT LIMITED TO, PAYING FOR MEDICAL BILLS, THE RISK THAT I MAY LOSE INCOME OR BE INCAPABLE OF FULFILLING MY JOB RESPONSIBILITIES SHOULD I BECOME INFECTED, WHETHER CAUSED BY THE NEGLIGENCE OF THE COMPANY OR OTHERWISE. I UNDERSTAND THAT THIS LIST OF POTENTIAL RISKS IS NOT COMPLETE. NONETHELESS, I VOLUNTARILY CHOOSE, ON MY OWN BEHALF, TO ATTEND EVENTS, AND I EXPRESSLY ASSUME ALL RISKS OF EVENTS I ATTEND, WHETHER DESCRIBED ABOVE, WHETHER KNOWN OR UNKNOWN, AND WHETHER INHERENT OR OTHERWISE, NOTWITHSTANDING ANY ACTIONS OR INACTIONS TAKEN BY THE COMPANY. I UNDERSTAND THAT THE COMPANY HAS NO DUTY TO PROVIDE ME WITH MEDICAL CARE OR TREATMENT, OR TO COMPENSATE ME FOR ANY MEDICAL CARE OR TREATMENT, I MAY NEED AS A RESULT OF MY DECISION TO ATTEND EVENTS. FURTHER STILL, I UNDERSTAND AND ACKNOWLEDGE THAT THE COMPANY, BY TAKING STEPS THAT IT DEEMS REASONABLE, IS NOT ASSUMING ANY DUTIES TO ME OR ANYONE RELATED TO ME.

Release of Claims; Indemnification. AS CONSIDERATION FOR THE COMPANY ALLOWING MY PARTICIPATION IN THE EVENTS, I HEREBY EXPRESSLY WAIVE AND RELEASE ANY AND ALL CLAIMS, NOW KNOWN OR HEREAFTER KNOWN, THAT I MAY HAVE

