

PALM BEACH ATHLETIC WEAR & YOGA

Assumption of the Risk and Waiver of Liability Relating to Coronavirus / COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Palm Beach Athletic Wear & Yoga (PBAWY) has put in place preventative measures to reduce the spread of COVID-19; however, PBAWY cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending PBAWY could increase your risk and your child(ren)'s risk of contracting COVID-19.

I, _____ hereby on this date of ___/___/2020, I am choosing to continue my training at Palm Beach Athletic Wear & Yoga. I understand that there are risks associated with my participation and I fully accept and release the owner and the staff at PBAWY from any responsibility related to any likelihood of contracting COVID-19 during today's visit. I fully confirm that I have not tested positive for COVID-19 nor do I have any symptoms currently related to COVID-19. I am also truthfully stating that I have not traveled outside the US in the last 4 weeks, nor have had any contact with anyone who may have any symptoms concurrent with COVID-19, including but not limited to fever, cough, nausea, diarrhea, vomiting, shortness of breath, etc.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending PBAWY and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at PBAWY may result from the actions, omissions, or negligence of myself and others, including, but not limited to, PBAWY employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at PBAWY. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the martial arts facility, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the martial arts facility, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any of the facility program.

I/WE HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I /WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

I certify that the participant is physically fit and have no medical condition that would make participation in this activity more hazardous.

If the participant is under the age of 18, a parent or legal guardian must sign this form.

Student Name: _____

Parent / Guardian Name: _____

Signature: _____

Date: ___/___/___

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Coronavirus / COVID-19 Health Screening

Do you have any flu like symptoms? Fever, chills, cough, shortness of breath, body aches? Yes No

Do you have a cough that you have had for more than a month and if so, is the cough worse in frequency, severity, intensity or in any other way? Yes No

Have you felt feverish or have you had a fever in the previous 24 hours? Yes No

Is your Current Temperature Greater than 100.4? Yes No

Do you feel short of breath or have difficulty breathing in a way that is not normal for you? Yes No

Do you have a significant chronic illness? Yes No

Do you have a compromised immune system? Yes No

Have you been previously asked to self-isolate or self-quarantine? Yes No

Have you had an exposure to a person who has a test confirmed diagnosis of COVID19 in the previous 14 days?
 Yes No

Have you been recently tested for COVID-19? Yes No

If yes, have you received results that you tested positive for COVID-19 in the previous 14 days? Yes No

Have you been in contact with someone diagnosed with COVID-19 either within 72 hours before their symptoms started, within 7 days after their symptoms began, or within 3 days after their symptoms ended? Yes No

Do you currently have symptoms that may be due to COVID-19, particularly a cough, difficulty breathing, feeling feverish as well as, in some cases, diarrhea, muscle aches, fatigue, sore throat or runny nose? Yes No

Do you have severe symptoms, such as feeling very ill, noticeably short of breath, chest pain, light-headedness or any other worrisome symptoms for which you would typically seek immediate medical attention at an urgent care or emergency room? Yes No

If yes to any of the above questions about symptoms or fever above 99.0, entry is denied.

Any other medical history changes? Please clarify in the space below:

If the participant is under the age of 18, a parent or legal guardian must sign this form.

Student Name: _____

Parent / Guardian Name: _____

Signature: _____

Date: ____/____/____