

# COVID-19 Fitness Center Waiver

By signing this document, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by entering or participating in activities at the Fitness Center.

## Member Information

Full Name:

Email Address:

Phone Number:

## Screening Questions

Please confirm the following:

- I have not experienced COVID-19 symptoms in the past 14 days.
- I have not knowingly been in close contact with anyone with a confirmed COVID-19 diagnosis in the past 14 days.
- I have not been advised to self-isolate or quarantine by a healthcare professional.

## Assumption of Risk and Waiver

I understand the risk of becoming exposed to or infected by COVID-19 at the Fitness Center and accept sole responsibility for any resulting illness, injury, or damages. I hereby release and hold harmless the Fitness Center and its representatives from any claims or liabilities.

## Acknowledgement & Signature

Signature:

Date: