Covid- 19 Declaration form / Waiver

COVID-19 Common Symptoms:

- Fever
- Dry Cough
- Tiredness

I agree to the following:

- I understand the aforementioned COVID-19 symptoms.
- I affirm that neither I, nor any member of my household, currently has or has experienced the aforementioned symptoms within the past 14 days.
- Furthermore, I will immediately inform instructor and discontinue classes if I, or any member of my household, develops any of the aforementioned symptoms.
- I affirm that neither I, nor any member of my household, has knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days.
- I affirm that neither I, nor any member of my household, has travelled outside of the country or to any city considered to be a "hot spot" for COVID-19 infections within the past 30 days.
- Furthermore, I will immediately inform instructor and discontinue classes once I, or any member of my household, returns from traveling outside of the country or to any city considered to be a "hot spot" for COVID-19 infections.
- I understand that the Instructor cannot be held liable for any exposure to the COVID-19 virus caused by any misinformation on this form or the health history provided by each Student.

- I have read and understood the Covid- 19 Guidelines sent to me prior before the class and agree to adhere to them.
- I understand that it is my responsibly to consult with a physician prior to taking part in the class. I represent and warrant that I am physically fit and I have no medical conditions that would prevent my full participation in this class.
- In consideration of being permitted to participate in any fitness program, I agree to assume full responsibility for any risks, injuries or damages known or unknown which I might incur as a result of participating in the program.
- Some classes may be recorded or photographed for promotional purposes, therefore you agree to potentially be captured on film, and shared across social media.

Date:

Signed: