**Waiver of Liability Relating to Coronavirus/COVID-19**  Please Initial highlighted statement, Print and sign the bottom of waiver if in full agreement to this waiver of liability form relating to Coronavirus/ COVID-19 and Insane Fitness of PA. Waiver must be filled out entirely to be permitted in practice area.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.

 \_\_\_\_\_\_\_ (Initial to confirm you fully understand and agree to statement above.)

Insane Fitness of PA cannot prevent you from becoming exposed to, contracting, or spreading COVID-19 while utilizing Insane Fitness of PA's services, classes, or in studio or out of studios premises. It is not possible to prevent against the presence of the disease. Therefore, if you choose to utilize Insane Fitness of PA's services and/or enter onto Insane Fitness of PA's studio premises or outdoor premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

 \_\_\_\_\_\_\_  (Initial to confirm you fully understand and agree to statement above.)

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself in order to utilize Insane Fitness of PA's  any and all services and enter Insane Fitness of PA's premises indoor or outdoor. These services are of such value to me, that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize Insane Fitness of PA's services and premises in person.

\_\_\_\_\_\_\_ (Initial to confirm you fully understand and agree to statement above.)

 I voluntarily seek services provided by Insane Fitness of PA and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my any and all services provided by Insane Fitness of PA .

I (First and last name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ attest that:

\* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

\* I have not traveled internationally within the last 14 days.

\* I have not traveled to a highly impacted area within the United States of America in the last 14 days.

\* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

\* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

\* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

\_\_\_\_\_\_\_ (Initial to confirm you fully understand and agree to statement above.)

**WAIVER OF LAWSUIT/LIABILITY**: I hereby forever release and waive my right to bring suit against Insane Fitness of PA and its owners, teachers, partners, other Clients, or other Insane Fitness of PA representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing Insane Fitness of PA's services and premises.

\_\_\_\_\_\_\_ (Initial to confirm you fully understand and agree to statement above.)

 I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

\_\_\_\_\_\_\_ (Initial to confirm you fully understand and agree to statement above.)

CHOICE OF LAW: I understand and agree that the law of the State of Pennsylvania will apply to this contract.

\_\_\_\_\_\_\_  (Initial to confirm you fully understand and agree to statement above.)

This liability waiver and release extends to Insane Fitness of PA together with all owners, partners, and Independent contractors. I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_