

WorkoutStyles Coronavirus-19 Waiver

CORONAVIRUS / COVID-19 WARNING, DISCLAIMER, AND CUSTOMER WARRANT
Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in exercise programs could increase the risk of contracting COVID-19. Nancy Krank in no way warrants that COVID-19 infection will not occur through participation in exercise and fitness programs with her.

The undersigned hereby agrees, represents, and warrants that he/she will not participate in any in-person exercise and/or fitness program with Nancy Krank (other than any exclusively online services and programs) within 14 days after (i) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice, (ii) exposure to any person returning from areas subject to a CDC Level 3 travel Health Notice, or (ii) exposure to any person who has a suspected or confirmed case of COVID-19. The CDC Travel Health Network is continuously updating this list and the undersigned agrees that they are aware of this list and the countries listed.

The undersigned hereby agrees, represents, and warrants that the undersigned shall not participate in any in-person exercise and/or fitness program with Nancy Krank, if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify Nancy Krank immediately, if he or she believes that any of the foregoing access/use restrictions may apply. The undersigned acknowledges and assumes both the known and potential dangers of utilizing the services of Nancy Krank and acknowledges that use thereof by the undersigned may, despite the reasonable efforts of Nancy Krank to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

Dated: _____

Print Name and Sign

