

## COVID-19 LIABILITY WAIVER

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Legacy Taekwondo Academy, LLC. can not guarantee that I will not become infected with the Coronavirus/COVID-19. I understand that the risk of becoming exposed and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including but not limited to, academy staff, rental building/classroom staff, USCDKA members in or outside of our classroom (for example: trainings off site, or offsite tournaments) or family members of any of the aforementioned.

I voluntarily seek services provided by Legacy Taekwondo Academy, LLC. 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 training and related functions.

I attest that:

- I am not experiencing any symptoms 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 a 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.

I hereby release and agree to hold Legacy Taekwondo Academy, LLC. harmless from, and waive on behalf of myself, my heirs, and any personal representative any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the academy, or that may otherwise arise in any way in connection with any services received from Legacy Taekwondo Academy, LLC. I understand that this release discharges Legacy Taekwondo Academy LLC. from any liability or claim that I, my heirs or any personal representatives may have against the academy with respect to bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Legacy Taekwondo Academy, LLC. This liability waiver and release extends to the academy together with all owners, partners, instructors, employees or volunteers.

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Print Student's Name

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Signature (Parent or guardian if student is under 18 years old)

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Date

