

CKD Farmington Inc / Farmington Martial Arts COVID-19 Release Form Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), our business is taking extra precautions with the care of every client to include health history review and enhanced sanitation/disinfecting procedures in compliance with CDC guidance.

Symptoms of COVID-19 include:

- Fever or chills
- Cough
- · Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

I agree to the following:

• I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.

•I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the past 30 days.

•I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days.

•I affirm that I, as well as all household members, have not traveled outside of the country or to any city considered to be a "hot spot" for COVID-19 infections within the past 30-days.

•I understand that CKD Farmington Inc / Farmington Martial Arts cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client.

By signing below, I agree to each statement above and release CKD Farmington Inc / Farmington Martial Arts from any and all liability for unintentional exposure or harm due to COVID-19.

Signature

Date