



Due to the outbreak of the novel Coronavirus (COVID-19), our business is taking extra precautions for 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/Headache
- Fatigue/Nausea/Vomiting/Diarrhea
- Dry Cough/Difficulty Breathing
- Loss of taste or smell

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 14 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 14 days. (If I have been exposed while performing my job, it has been while wearing appropriate PPE, and I have not exhibited any symptoms.)
- I affirm that if I have been diagnosed and/or exposed to Covid-19, I have completed the CDC and state mandatory quarantine time and have been medically cleared to return to outside activities.
- 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.
- By registering for live classes, I verify that the above information has not changed since the date this waiver was signed.

Fastkix Taekwondo is following these enhanced procedures to prevent the spread of COVID-19:

- Cleaning before and after each class and Daily
- Hand Sanitizing Stations Readily Available For both Instructors and Students
- Touchless Thermometer at entrance
- All Staff must wear Masks
- All students must wear masks unless they are participating in strenuous activities. Students must have own water bottle.

By signing below, I agree to each statement above and release Fastkix Taekwondo from any and all liability for unintentional exposure or harm due to COVID-19.

STUDENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE (Student or responsible party) \_\_\_\_\_