

**COVID 19 Acceptance of Risk\*Club herein refers to Cookes Martial Arts/Cookes TaeKwonDo/CMA**

**(\*CLUB) release of liability, waiver of claims, assumption of risk and indemnity agreement in relation to COVID-19 and other similar infectious diseases. By signing this release agreement, you will waive or give up certain legal rights, including right to sue or claim compensation following exposure to COVID-19 or related viruses and illness and death as result. PLEASE READ CAREFULLY.**

I understand that the World Health Organization has classified the COVID-19 outbreak as a pandemic. I further understand that COVID-19 is a highly contagious and dangerous disease, and that contact with the virus that causes COVID-19 may result in significant personal injury or death: \_\_\_\_\_ INITIALS  
I understand and accept that while (\*CLUB) has undertaken the required steps as indicated by the department public health to lessen the risk of transmission of COVID-19 in connection with the programs and services the (\*CLUB) is not responsible in any manner for any risks related to COVID-19: \_\_\_\_\_ INITIALS  
I agree to strictly comply with the COVID-19 Guidelines issued by the Club and may be amended from time to time as further information is obtained. These Guidelines are posted at the club and on our website. I have read, understand and agree to this provision: \_\_\_\_\_ INITIALS  
I am fully aware and accept all risks that participation at (CLUB) carries with it inherent risks related to COVID-19 transmission ("Inherent Risks") that cannot be eliminated regardless of the care taken to avoid such risks. Inherent Risks may include, but are not limited to, (1) the risk of coming into close contact with individuals or objects that may be carrying COVID-19; (2) the risk of transmitting or contracting COVID-19, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from COVID-19 or any treatment: \_\_\_\_\_ INITIALS

Further, I understand and accept that the risks of COVID-19 are not fully understood, and that contact with, or transmission of, COVID-19 may result in risks including but not limited to loss, personal injury, sickness, death, damage, and expense, the exact nature of which are not currently ascertainable, and all of which are to be considered Inherent Risks: \_\_\_\_\_ INITIALS

I hereby voluntarily accept and assume all risk of loss, personal injury, sickness, death, damage, and expense arising from such Inherent Risks. Furthermore, I represent and warrant that I do not suffer from any medical condition or disease that might in any way hinder or prevent me from receiving the Services, including, to my knowledge, COVID-19: \_\_\_\_\_ INITIALS

I hereby agree to contact (\*CLUB) immediately for any of the following (1) I contract COVID-19; (2) I was in contact with anyone that contracted COVID-19; I experience any of the following Flu Symptoms, Sore Throat, Vomiting, Cough, Tiredness and Fever: \_\_\_\_\_ INITIALS

I, \_\_\_\_\_ fully understand and agree to the terms and conditions  
(Members Name)

**identified above and I agree to follow the COVID-19 Guidelines which I have read, and which may be amended from time to time as new information is obtained. I understand that if I contravene these guidelines, I will be removed from the (\*CLUB) immediately and may be suspended from the (\*CLUB) until suitable discipline according to the club Discipline Policy.**

\_\_\_\_\_  
**SIGNATURE (Guardian Signature if person is below the age of 18) Date (MM/DD/YYYY)**

\_\_\_\_\_  
**WITNESS NAME / WITNESS SIGNATURE DATE (MM/DD/YYYY)**

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