



**ZOOM TOTAL FITNESS, LLC/ZOOM TOTAL ATHLETICS
116 NORTH MAIN ST., Oakfield, NY 14125**

Consent for working out at Zoom Total Fitness, LLC/Zoom Total Athletics

To proceed with a workout regimen at Zoom Total Fitness, LLC/Zoom Total Athletics, I confirm and understand the following: **(INITIAL ALL PLACES PROVIDED)**

I understand that the novel Coronavirus (COVID-19) has been declared a global pandemic by the World Health Organization (WHO).

*I further understand that COVID-19 is extremely contagious and may be contracted from various sources. I understand COVID-19 has a long incubation period during which carriers of the virus may not show any symptoms and still be contagious. _____

*I understand that I am the decision maker for my health care. To the best of their ability, my coaches will provide me with information to assist me in making informed choices. This process is often referred to as "Informed Consent" and involves my understanding and agreement regarding recommended care, and the benefits and risks associated with the provision of health care during a pandemic. Given the current limitations of COVID-19 virus testing, understand determining who is infected with COVID-19 is exceptionally difficult. _____

*I understand that preventative measures and intensified sanitation protocols to reduce the spread of COVID-19 have been implemented by the CDC Guidelines at Zoom Total Fitness, LLC/Zoom Total Athletics. _____

*I agree, at the discretion of Zoom Total Fitness, LLC/Zoom Total Athletics, to be temperature checked. I agree to wipe down all equipment each and every time I use anything. I agree to social distance while working out, 6ft with a mask and 12ft without a mask. I agree to wash my hands and keep up good basic hygiene. I will stay home if I am sick.

*I have been offered a copy of this consent form. _____

I knowingly and willingly consent to working out at Zoom Total Fitness, LLC/Zoom Total Athletics, with the full understanding and disclosure of the risks associated with working out during the COVID-19 pandemic. I confirm all of my questions were answered to my satisfaction. I have read, or have had read to me, the above COVID-19 risk informed consent to work out. I appreciate that it is not possible to consider every possible complication to working out. By signing below, I agree with the current or future recommendation to work out as is deemed appropriate by Zoom Total Fitness, LLC/Zoom Total Athletics, New York State and the CDC. I intend this consent to cover the entire course of working out at Zoom Total Fitness, LLC/Zoom Total Athletics. I hold Zoom Total Fitness, LLC/Zoom Total Athletics harmless and all its affiliates and individual members from any court action, lawsuit or any action of any kind against Zoom Total Fitness, LLC/Zoom Total Athletics.

Member's Signature: _____

Parent/Guardian Signature (In case of a minor): _____

Date: _____