

Assumption of the Risk and Waiver of Liability Relating to Covid-19

The novel covid-19 has been declared a worldwide pandemic by the world health organization. COVID-19 is extremely contagious and is believed to spread mainly from person to person contact. As a result, federal state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Ashletics LL DBA State of Mind has done it's best to put in place that preventative measures to reduce the spread of Covid-19, however we cannot guarantee that you will not become Infected with COVID-19. Further attending Ashletics LLC DBA State of Mind classes could increase your risk of contacting COVID-19.

COVID-19 MONITORING & MANAGEMENT OF SYMPTOMS/EXPOSURE:

I, the undersigned, understand that any presentation or experience on my part of any symptoms of COVID-19 requires immediate exit from the gym facility. I acknowledge that no third party, either from the facility or otherwise, will be capable of monitoring my symptoms, and it is my responsibility to be continually cognizant of all symptoms and interactions with other individuals who may have been exposed at all times. I agree that I will remove myself from participation and seek medical treatment of my own accord should I have any concerns regarding possible symptoms of COVID-19. I agree and acknowledge the use of public restrooms and shared equipment space.

LIMITING COMMUNITY SPREAD:

I, the undersigned, agree to monitor myself in a manner that is outlined by the CDC, Federal, State, Local, and the Fitness Center Guidelines to be accountable for my actions and to limit community spread. I acknowledge and understand that I am the only individual capable of determining if I am experiencing COVID-19 symptoms. I hereby agree and do willingly assume responsibility for any risks that I expose myself to and accept full responsibility for any injury or death that may result from participating in this significantly demanding physical activity. I for myself and on behalf of my heirs, assigns, personal representatives and/or next of kin, forever WAIVE, RELEASE, DISCHARGE, and COVENANT NOT TO SUE and/or their officers, directors, representatives, partners, officials, principals, agents or employees, subsidiaries, or assigns, as well as their independent contractors. You voluntarily agree to assume all of the foregoing wrist and except sole responsibility for any injury to yourself parentheses including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that you may experience or incur in connection with your attendance at Ashletics LLC DBA state of mind("Claims"). You hereby release, covenants not to sue, discharge, and hold harmless state of mind, it's employees, agents, and representatives, from the claims. You understand and agree that this release includes any claims based on the actions, omissions, or negligence, of state of mind it's employees, agents, and representatives, whether a covid-19 infection occurs before, during, or after participation in any state of mind program The symptoms of COVID-19 include but are not limited to: fever, dry cough, fatigue, loss of appetite, loss of smell, and body ache. In some people, COVID-19 causes more severe symptoms like high fever, severe cough, and shortness of breath, which often indicates pneumonia.

I agree to the following safety guidelines:

Wash my hands before, during, and after my workout. Provide my own hand sanitizer. Wipe down all equipment before and after use with disinfectant supplies provided. Provide my own water bottle. Provide a towel to use on mats and surfaces in order to avoid contact. Respect the 10-foot spacing requirements. 1 member in a restroom at a time. Shirts remain on at all times.

By signing this agreement you acknowledge the contagious nature of COVID-19 in voluntarily assume the risk that you may be exposed to her infected by COVID-19 by attending Ashletics LLC DBA State of mind and that such exposure or infection that may result in personal injury, illness, permanent disability, and death. You understand the risk of becoming exposed to or infected by COVID-19 at state of mind may result from the actions, omissions, or negligence of myself and others, including, but not limited to, state of mind employees and program participants.

Signature :

Date:

Print Name: