**IMAF COVID-19 Waiver**

COVID-19, the novel coronavirus has been declared a worldwide pandemic. COVID-19 is contagious and is believed to be spread from person to person contact. A person can be infected with COVID-1 without their knowledge and be asymptomatic.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby on \_\_\_\_\_/\_\_\_\_\_\_/2020 am choosing to participate in training. I understand there are risks associated with my participation and I fully accept and release the owner and staff at Integrated Martial Arts and Fitness from any responsibility related to ANY likelihood of contracting COVID-19 during today’s visit. I fully confirm that no one in my household has tested positive for COVID-19, nor does anyone in my household have any symptoms related to COVID-19. I am truthfully stating that no one in my household has traveled outside of New Jersey in the last 2 weeks, nor has anyone in my household had any contact with anyone who may have any symptoms associated with COVID-19, including but not limited to: fever, cough, nausea, diarrhea, vomiting, shortness of breath, etc. I fully understand that it is possible to contract COVID-19. I understand that the risk of becoming exposed to or infected by COVID-19 at Integrated Martial Arts & Fitness may result from the actions, omissions, or negligence of myself or others, including, but not limited to, Integrated Martial Arts & Fitness employees, volunteers, and participants/students. I UNDERSTAND AND VOLUNTARILY ACCEPT AND ASSUME ALL the foregoing risks related to COVID-19 and accept sole responsibility for any injury or illness that may occur.

Integrated Martial Arts & Fitness reserves the right to refuse a student from participating in today’s class if the student has a fever, appears ill or has traveled outside of the state recently. If we refuse a student from participating, it will not count as a missed class; students can participate in Zoom classes until they are better.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature/Guardian’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_