

COVID-19  
ACKNOWLEDGMENT AND DISCLOSURE  
**STUDENT / FAMILY**  
**Revised January 2022**

*This should be initialed and signed by BOTH parents.*

Please read and initial each statement below.

1. \_\_\_\_\_ I understand that to enter the studio premises my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated from the rest of the people in the studio. I will be contacted, and my child **MUST** be picked up from the studio within 15 minutes.

Symptoms include,

- fever of 100.4 degrees Fahrenheit or higher
- dry cough
- Shortness of Breath
- Chills
- Loss of taste or smell
- Sore Throat
- Muscle aches
- Runny Nose
- Sneezing
- Congestion
- Sore Throat

While many of these symptoms might be non-COVID-19 symptoms we are proceeding with by assuming they are Covid-19 during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. You will need to be symptom free for 72 hours before returning to the facility.

2. \_\_\_\_\_ I understand that it is my option for my child **wear a mask** while in the studio and on studio premises. <https://directorsblog.health.azdhs.gov/cloth-face-coverings-what-you-need-to-know/>
3. \_\_\_\_\_ I understand that students will be required to wash their hands using soap and water for 20 sec. according to CDC recommended handwashing procedures before they enter the dojo, after using the restroom, and every time they touch a surface in the studio. Use of personal hand sanitizer is also encouraged.
4. \_\_\_\_\_ I will immediately notify Championship Martial Arts LLC management if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 1 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify Championship Martial Arts LLC management if anyone from my place of employment is presumed positive or tests positive for COVID-19 whether or not I have had direct contact with that person.
5. \_\_\_\_\_ I understand that Students entering our studio will be in contact with children, families and employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial

role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

I, \_\_\_\_\_ certify that I have read, understand, and agree to comply with the provisions listed herein. In consideration of my participation in Company programing or access to facilities, I, the undersigned participant, agree to **INDEMNIFY AND HOLD HARMLESS** Championship Martial Arts LLC, Reliance Management, United Fighting Arts Federation from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my program participation or access to facilities. I hereby certify that I have full knowledge of the nature and extent of the risks inherent in fitness program participation and facility use and that I am voluntarily assuming said risks.

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Student/Parent's Name: \_\_\_\_\_

\_\_\_\_\_  
Student/Parent/Guardian Signature  
(must be signed by Parent/Guardian if student is under 18 years old)

\_\_\_\_\_  
Date

Parent's Name: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Team Witness

\_\_\_\_\_  
Date