

GYM ON MAIN

COVID-19 CONSENT FORM

Name & Surname:

Contact Number:

Checklist:

- please mark with a ✓ if 'yes' and a × if 'no' -

- | | |
|---|---|
| <input type="checkbox"/> Have you had contact with an ill person in the last 21 days? | <input type="checkbox"/> Do you have a persistent cough |
| <input type="checkbox"/> Are you a health care worker? | <input type="checkbox"/> Do you have a sore throat? |
| <input type="checkbox"/> Have you attended a facility where COVID-19 infections were treated? | <input type="checkbox"/> Are you regularly short of breath? |
| | <input type="checkbox"/> Do you have a fever (>38°C)? |

WAIVER & RELEASE FORM

- ☐ Physical exercise can be strenuous, I urge you to obtain a letter from your doctor, before engaging in any exercise activity. Participating in any exercise activity, being with machines, or attending my group classes, you do so entirely at your own risk.
- ☐ You agree that you are voluntarily participating in these activities and use these facilities and premises – during a global pandemic – at your own risk of injury, illness or death.
- ☐ You acknowledge that you have carefully read this COVID-19 CONSENT FORM and fully understand that this is a release of liability. You expressly agree to agree to release and discharge me (JUANITA T VILJOEN) from any and all claims or causes of action. You agree to voluntarily give up or waive any right you may otherwise have to bring a legal action against me (JUANITA T VILJOEN) for a COVID-19 infection, personal injury, damage to property, or loss of property.
- ☐ I understand that if I contract SARS-CoV-2, I am obligated to inform Gym On Main immediately for health and safety concerns
- ☐ I accept that I am putting myself at risk of contracting SARS-CoV-2 by attending Gym On Main, and fully waive my right to take legal action against Gym on Main and its staff if I were to contract COVID-19.
- ☐ I accept the new rules put in place by Gym on Main, my failure to adhere to the rules will result in the immediate termination of my booked time slot for which I will not be remunerated.
- ☐ I consent to Gym on Main taking my temperature on their premises and keeping record of it.
- ☐ My personal information and contact number is up to date, and Gym on Main employees will be able to contact me if they deem necessary.
- ☐ By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally. **Children younger than 18 must have their waiver forms signed by a parent, or legal guardian.**

Client Signature:.....

Witness:

Date:.....