

Crater Fitness LLC COVID-19 Waiver

Due to the COVID-19 pandemic, we are taking extra precautions with the intake of each client. Please answer these questions truthfully so we may continue to do our best to stop the spread.

Symptoms of COVID-19 may include:

- Fever
- Fatigue
- Dry cough
- Difficulty breathing
- Sore Throat
- Loss of smell or taste

I, _____, (print your name) accept the following affirmations when engaging in physical activity and fitness instruction from _____(instructor/trainer) and Crater Fitness LLC.

- I understand the above symptoms and affirm that I, as well as all members of my household, do not currently have nor have experienced COVID-19 symptoms within the last 14 days.
- I affirm that I, as well as all members of my household have not been diagnosed with COVID-19 within the last 14 days.
- I affirm that to my knowledge, I have not been in contact with anyone who has been diagnosed with COVID-19.
- I affirm that if I traveled outside of the United States in the last month, I have isolated in my home for 14 days upon my return.
- I understand that this business and _____(instructor/trainer) cannot be held liable should I experience exposure to the virus or any other contagion as a result of my providing misinformation on this form.
- I understand that personal training and group classes involve close physical contact, there may be an elevated risk of disease transmission, including COVID-19.

By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive instruction and care.

Print Name _____

Signature _____ Date _____

Crater Fitness Instructor/Trainer _____

Date _____