



**FITNESS MEMBER COVID-19  
ASSUMPTION OF RISK AND WAIVER OF LIABILITY**

King Physical Therapy & Fitness has put in place preventative measures to reduce the spread of COVID-19; however, King Physical Therapy & Fitness cannot guarantee that you will not become infected with COVID-19. Further, attending the gym could increase your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending the gym and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the gym may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees and other participants. I knowingly and freely assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at the gym.

**To proceed with participation in the fitness program, I confirm and understand the following (Please initial in each space provided):**

\_\_\_\_\_ I confirm that I am NOT coming to the gym with any of the following symptoms of COVID-19:  
**Fever > 100.4, shortness of breath or difficulty breathing, dry cough, chills, sore throat, new loss of taste and/or smell.**

\_\_\_\_\_ To reduce risk of exposure/transmission of the COVID-19 virus I am willing to follow safety guidelines by practicing social distancing, covering nose/mouth when coughing/sneezing, washing hands with soap and water, cleaning hands with sanitizer, wiping off equipment and frequently touched objects/surfaces with provided disinfectant gym wipes.

\_\_\_\_\_ I agree to NOT attend the gym if I am experiencing COVID-19 symptoms/have been exposed to an individual who has tested positive for COVID-19.

**I have read this entire document, and knowingly and willingly consent to participate in the fitness program, despite the risks discussed in this Assumption of Risk and Waiver of Liability.**

Member Name: (print) \_\_\_\_\_

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