

# COVID-19 WAIVER AND RELEASE

I, \_\_\_\_\_, knowingly and willingly consent to train with BattleFlex during the COVID-19 pandemic.

\_\_\_\_\_ I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not, given the current limits in virus testing.

\_\_\_\_\_ I voluntarily seek services provided by BattleFlex and acknowledge that I am increasing my risk of exposure to the COVID-19.

\_\_\_\_\_ I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

- Temperature above 98.7 degrees
- Shortness of breath
- Loss of sense of taste or smell
- Dry cough
- Sore Throat

\_\_\_\_\_ I confirm that I have not been around anyone with these symptoms in the past 14 days.

\_\_\_\_\_ I do not live with anyone who is sick or quarantined.

\_\_\_\_\_ To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow BattleFlex's strict guidelines.

\_\_\_\_\_ I verify that I have not traveled outside the United States in the past 14 days to countries that have been affected by COVID-19.

\_\_\_\_\_ I verify that I have not traveled domestically within the United States by commercial airline, bus, or train within the past 14 days.

\_\_\_\_\_ I understand that this release releases BattleFlex from any liability or claim that I, my heirs, or any personal representatives may have against the them with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from BattleFlex. This liability waiver and release extends to all owners, partners, and employees.

\_\_\_\_\_  
Client, Parent or Guardian (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name (Please Print)