

COVID-19 Liability Waiver for Child Watch Services

I am knowingly and willingly participating, visiting, and engaging in fitness and exercising activities at Utopia Fitness LLC during the COVID-19 Pandemic and I agree to adhere to all safety and sanitation protocols by Utopia Fitness. I am knowingly and willingly use child watch services provided by Utopia Fitness.

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Utopia Fitness LLC has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Utopia Fitness LLC cannot guarantee that I, my family member, my child(ren) will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others.

I voluntarily seek services provided by Utopia Fitness LLC and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending Utopia Fitness LLC.

I attest that:

*I understand that face masks are mandated (Executive Order 180..) in NC and Utopia Fitness LLC establishment, owners, partners, employees will assume if a mask is not being worn by a member he/she has a medical condition that is protected by the Americans with Disabilities Act that supersedes EO 180.

* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

* I have not traveled internationally within the last 14 days.

* I have not traveled to a highly impacted area within the United States of America in the last 14 days.

* I have not been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Utopia Fitness LLC harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the salon, or that may otherwise arise in any way in connection with any services received from Utopia Fitness LLC. I understand that this release discharges Utopia Fitness LLC from any liability or claim that I, my heirs, or any personal representatives may have against the salon 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 Utopia Fitness LLC. This liability waiver and release extends to Utopia Fitness LLC together with all owners, partners, and employees.

To those that feel unsafe around other patrons, the management at this facility will freeze your membership until you are ready to return. We respect the rights of all our members/clients, especially those that are protected under the ADA.

I agree by providing my name and signature that I read and acknowledged Covid – 19 Liability Waiver. I acknowledge that I understand this waiver content and all my questions and concerns have been answered by the employees and that release cannot be modified orally.

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Print Name _____

Signature _____ Date _____