**COVID-19 Liability Release Waiver**

Due to the outbreak of the novel Coronavirus (COVID-19), our business is taking extra precautions with the care of every customer to include health history review and enhanced sanitation/disinfecting procedures in compliance with CDC guidance.

**Symptoms of COVID-19 include:**

* Fever or chills
* Dry Cough
* Shortness of breath or difficulty breathing
* Fatigue, muscle or body aches
* New loss of taste or smell
* Sore throat

**INITIAL ALL:**

**(\_\_\_\_\_\_\_\_)** I understand the above symptoms and affirm that my child, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.

**(\_\_\_\_\_\_\_\_)** I affirm that my child, as well as all household members, have not been diagnosed with COVID-19 within the past 30 days.

**(\_\_\_\_\_\_\_\_)** I affirm that my child, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days.

**(\_\_\_\_\_\_\_\_)** I affirm that my child, as well as all household members, have not traveled outside of the country or to any city considered to be a “hot spot” for COVID-19 infections within the past 30-days.

**(\_\_\_\_\_\_\_\_)** I understand that Planet Gymnastics of Sacramento cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each customer.

By signing below, you agree to each statement above and release Planet Gymnastics of Sacramento from any and all liability for unintentional exposure or harm due to COVID-19.

Printed Name of Participant(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_

Printed Name of Parent/or Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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