

Coronavirus/COVID-19/Other Contagious Virus and Illness Liability Release and Waiver



Date _____

Name _____

I acknowledge the contagious nature of Coronavirus/COVID-19.

I further acknowledge and agree that My Pace Fitness, LLC and Mary Coulthurst (MC) has put in place reasonable preventative measures to reduce the spread of Coronavirus/COVID-19 and other viruses and illnesses.

I further acknowledge and agree that My Pace Fitness, LLC and MC cannot guarantee that I will not become exposed to or infected with Coronavirus/Covid-19 or any other virus or illness while attending a My Pace Fitness, LLC session(s). I understand and agree that the risk of exposure to Coronavirus/COVID-19 and other viruses and illnesses is possible with regard to the activities inherent with My Pace Fitness LLC.

I understand and agree that this risk may result from the actions, omissions, or negligence of myself and/or others, including, but not limited to, My Pace Fitness, LLC, MC, participants, guests, and others attending My Pace Fitness, LLC.

I voluntarily seek services provided by My Pace Fitness, LLC and MC and acknowledge that by doing so I am increasing my risk of exposure to Coronavirus/COVID-19 and other viruses and illnesses. I acknowledge that I must comply with procedures to reduce the spread or Coronavirus/COVID-19 and other viruses and illnesses at any My Pace Fitness, LLC session(s).

For my protection and the protection of others, in consideration of being granted access to My Pace Fitness, LLC, and knowing that My Pace Fitness, LLC, MC, participants, guests, and others will act in reasonable reliance on the truth of my statements herein, I represent, warrant, and attest that:

- I am not experiencing any symptom of illness, including but not limited to cough, shortness of breath or difficulty breathing, fever, chills, shaking, muscle pain, headache, sore throat, or loss of taste or smell.
- If I have been exposed to anyone with a suspected and/or confirmed case of Coronavirus/COVID-19 or any other contagious disease or illness in the last 10 days, I will wear a high-quality mask until testing negative for Covid-19.
- I have not been diagnosed with Coronavirus/Covid-19 or any other contagious disease or illness (unless I have also been cleared as non-contagious by public health protocol after being so diagnosed).
- I have been following and will continue to follow all applicable guidelines relating to the prevention of disease and prevention of the spread of disease issued by the CDC and by the public health departments/officers of the cities, counties and states in which I work, live, and visited within the past 14 days, and in which My Pace Fitness, LLC is located.

- On behalf of myself, my family members, my heirs, representatives, and successors, I hereby willfully and voluntarily acknowledge and accept the risks of being present at My Pace Fitness, LLC and being near others attending or being in the vicinity of My Pace Fitness, LLC and to the maximum extent permitted by law release and agree to hold My Pace Fitness, LLC and MC harmless from any and all causes of action, claims, demands, damages, costs, expenses and compensation for injury, illness, damage or loss to myself and/or property that may be caused by any act or failure to act (including ordinary negligence) of My Pace Fitness, LLC and MC or that may otherwise arise in any way in connection with any services received or my presence at any My Pace Fitness, LLC.
- I understand that this liability release and waiver supplements and does not replace or reduce any liability release and/or waiver I have previously agreed to, such as in the My Pace Fitness, LLC Walking/Running Liability sheet agreement.

All references to My Pace Fitness, LLC herein include all affiliated My Pace Fitness, LLC coaches as well as their officers, or contracted substitute coaches.

Signature _____ Date _____

