

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

PRAXIS Corporation/BODYWORKS, hereafter dba "BODYWORKS" has put in place preventive measures to reduce the spread of COVID-19; however, BODYWORKS **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 or participation in gym programming ("Claims").

**SCREENING AND ACCEPTANCE QUESTIONNAIRE COVID-19 and MEMBERSHIP** *(yes or no)*

\_\_\_\_\_ Are you presenting with any of the following symptoms of COVID-19?  
Fever, Shortness of Breath, Loss of Sense of Taste or Smell, Dry Cough, Runny Nose, Sore Throat  
If Yes, what symptoms? \_\_\_\_\_

\_\_\_\_\_ Within the last 14 days, have you traveled outside of the state/country?  
If Yes, describe \_\_\_\_\_

\_\_\_\_\_ Within the last 14 days, to your knowledge, have you been in contact with someone who has COVID-19?  
If Yes, describe \_\_\_\_\_

I have previously been a member of BODYWORKS and I have reviewed and completed a 24-Hour Access Release of Liability and Assumption of Risk form. I agree again to the terms outlined in that document as a condition of membership as follows: *(initial)*

- \_\_\_\_\_ Acceptance to abide by gym rules and special rules for the 24-Hour membership
- \_\_\_\_\_ Acceptance of No Supervision
- \_\_\_\_\_ Acceptance of Acknowledgement of the 24-Hour Access Risk and Release of Liability Waiver
- \_\_\_\_\_ Acceptance of certification to be able to engage in exercise
- \_\_\_\_\_ Acceptance to inform the gym of changes in health condition
- \_\_\_\_\_ Acceptance to abide by posted directional signs, practice social distancing, cover nose/mouth when coughing/sneezing, wash hands with soap and water, clean hands with sanitizer and wipe off frequently touched objects and surfaces with provided disinfectant gym wipes as per CDC guidelines

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(If member is under 18, a parent/legal guardian must also complete a Parental Consent for Minor form)*