



PRIDE GYMNASTICS ACADEMY COVID-19 WAIVER

Do you have any flu like symptoms? Fever, chills, cough, shortness of breath, body aches? Yes /No

Do you have a significant chronic illness? Yes/No

Do you have a compromised immune system? Yes/No

Have you traveled to a location with a level 3 travel health notice in the past month? Yes/No

Have you traveled in an airplane the past two weeks? Yes/No

Have you been previously asked to self isolate or self-quarantine? Yes/No

Have you had close contact to an individual diagnosed with the COVID-19 infection? Yes/No

Have you been recently tested for COVID-19? Yes or No

If yes, have you received results that you tested positive for COVID-19? Yes/No

Any other medical history changes? Please clarify in the space below:

CONSENT FORM FOR PRIDE GYMNASTICS ACADEMY, LLC

I, _____ hereby on this date of ___/___/2020 am choosing to continue my training at Pride Gymnastics Academy, LLC. I hereby enter into this waiver for myself, my heirs, executors, assigns, and personal representatives. I do so knowingly and voluntarily. I hereby waive any and all rights, claims, or causes of action arising from any contraction or infection of the COVID-19 virus as a result of my continued training at Pride Gymnastics Academy, LLC, along with its owners, members, agents, and representatives. I understand there are risk and I assume all known dangers and risk associated with my continued training at Pride Gymnastics Academy, LLC. I fully confirm that I have not tested positive for COVID-19 nor do I have any symptoms currently related to COVID-19. I am also truthfully stating that I have not traveled outside the United States in the last 4 weeks, nor have had any contact with anyone who may have any symptoms concurrent with COVID-19, including but not limited to fever, cough, nausea, diarrhea, vomiting, shortness of breath, etc.

Student Name: _____

Parent/Guardian _____

Signature: _____