

## COVID-19 ACKNOWLEDGEMENT AND CONSENT

I choose for myself and/or as the responsible adult for my child/children choose to participate in on-location, in person, training at USA Professional Karate Studio, of my own free will and I assume all risks involved.

I understand that I have a possibility of being exposed to Covid-19 by training in person.

I understand that if I, or anyone in my household, have any symptoms (including, but not limited to a temperature above 100.4, a cough, sneezing, fever, or shortness of breath) I/they should not take classes and should stay home.

I understand that if I do not abide by the rules and recommendations set forth by the Studio about attending classes at the Studio, then I will be putting myself, my household, my Instructors and fellow students, and others in my community at risk.

I and/or my child/children agree to having our temperature taken with a no-contact thermometer, when we enter the building and will follow all cleaning, washing, physical distancing, wearing face masks (when required by state or local government agencies), and spacing requirements when inside the building.

If I, or anyone in my household, has a cold, the flu or come down with symptoms of or test positive for Covid-19, I will tell a staff member at USA Professional Karate Studio immediately and I, and/or my child/children, will not attend classes until I or that family member has fully recovered. All information received from students and families will remain private and confidential.

Adult Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Adult Student's Printed Name: \_\_\_\_\_

Adult Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Or

Minor Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Minor Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Minor Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Parent/Guardian's Printed Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_