

CENTRAL PENN FITNESS & AQUATICS

COVID-19 PARTICIPANT WAIVER

I knowingly and willingly consent to working out and/or participating in group classes during the COVID-19 pandemic and will not hold anyone or the business, Central Penn Fitness & Aquatics, liable of contracting COVID-19.

I confirm that in the last 14 days, I have not tested positive or been in contact with anyone that has tested positive for COVID-19.

I confirm that I am not presenting any symptoms of COVID-19 – fever, shortness of breath, loss of sense of taste or smell, dry cough, runny nose, sore throat.

I confirm that if I do start experiencing any of the above listed symptoms, I will refrain from using the gym.

The information I have provided is complete and true to the best of my knowledge.

ANY FAMILY MEMBER WHO WILL ENTER THE PREMISIS OF CENTRAL PENN FITNESS CENTER MUST BE RECORDED ON THIS AGREEMENT.

GUARDIAN SIGNATURE: _____

DATE: _____

GUARDIAN SIGNATURE: _____

DATE: _____

PARTICIPANT NAME: _____

PARTICIPANT NAME: _____

PARTICIPANT NAME: _____