



# WAIVER AND INFORMED CONSENT

Date: \_\_\_\_\_

Please answer the following questions:

- |  |       |
|--|-------|
| 1. Have you been coughing?   | Y / N |
| 2. Do you have a fever?  | Y / N |
| 3. Do you have a sore throat?  | Y / N |
| 4. Have you had any difficulty breathing?                                    | Y / N |
| 5. Have you traveled outside of Canada in the last two weeks?                | Y / N |
| 6. Have you been in contact with anyone with COVID-19 in the last two weeks? | Y / N |

*If the answer is "YES" to any of the following, we unfortunately cannot permit you to enter Mission Fitness. We ask that you stay home and self-quarantine for two weeks or consult your local health authority and/or family doctor for guidance.*

I acknowledge that I am responsible for the following news rule and regulations that are being enforced by Mission Fitness amidst the pandemic of COVID-19:

- Maintaining a safe distance between other members (approximately 2 meters)
- Being responsible for cleaning the equipment before and after using it
- Cleaning hands before and after entering the facility
- Not moving equipment from its designated space that Mission Fitness has given it
- Not utilizing equipment directly adjacent to other members when appropriate

Failure to comply with anything stated above will result in being removed from the facility and potentially having membership revoked.

I am aware that health and fitness activities may range from vigorous cardiovascular activity (e.g. aerobics, bicycles, treadmills, stair climbing or bench jumping) to the strenuous exertions of strength training (e.g. free weights, SPRI Tubes). I understand that participating in these and other physical activities with Mission Fitness involve certain inherent risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, heart attacks and injury to bones, joints or muscles. I acknowledge that attending the facility imposes risk to myself with regards to viral or bacterial infection that could result in disease and/or death. My participation is voluntary and I fully acknowledge the inherent participatory dangers. I hereby agree to assume any and all risks of property damage, personal injury or death.

In consideration of my training with Mission Fitness, I hereby waive and release Mission Fitness, its owners, employees and agents from any and all present and future claims resulting from ordinary negligence on the part of Mission Fitness for personal injury, illness or death. This includes all claims arising as a result of using the facility/home and equipment, engaging in activities with or any activities incidental thereto. On behalf of myself, my family, estate, heirs or assigns, I hereby voluntarily waive and all claims resulting from ordinary negligence.

Member Name: \_\_\_\_\_ Member Signature: \_\_\_\_\_