

Infectious Disease Release Waiver – Wellness Center, Navicent Health

Member Name: _____

Email address: _____

Mobile phone: _____

Date Completed: _____

I, _____, by my signature below, assent that I am voluntarily entering the premises of Wellness Center, Navicent Health, and utilizing its equipment and facilities voluntarily. I acknowledge that these activities may expose me to infectious diseases, including but not limited to, COVID-19. I have been encouraged by Wellness Center, Navicent Health to practice good hygiene and social distancing to reduce the likelihood of contracting or spreading infectious diseases.

I understand that the risk of becoming exposed to or infected by COVID-19 and other infectious diseases may result from the actions, omissions, or negligence of myself and others.

I understand that masking or facial covering, social distancing and fitness equipment disinfection will be required as part of Navicent Health COVID-19 protocol. I further understand that I may be denied entrance to Wellness Center, Navicent Health for failure to strictly comply with these protocols.

I understand and agree Navicent Health is not liable for any potential exposure to or acquisition of infectious diseases that may result from my activities at Wellness Center, Navicent Health. Navicent Health is not liable for medical expenses related to testing or treatment of infectious disease. This release of liability includes any claims based on the actions, omissions, or negligence of those at Wellness Center, Navicent Health and their employees, agents, and representatives, whether an infection occurs before, during, or after participation in Wellness Center, Navicent Health activities.

This waiver is in addition to the regular waiver already signed by all members of Wellness Center, Navicent Health.

I agree to follow the expectations listed here as well as those presented by signage at Wellness Center, Navicent Health and guidelines voiced by the staff of Wellness Center, Navicent Health.

- Keep appropriate social distancing based on exercise modality and Wellness Center, Navicent Health guidelines
- You touch it, you disinfect it
- Complete your workout within an hour and exit the building
- Practice good cough etiquette
- Wear a mask or facial covering

I agree to adhere to all of the above rules, guidelines and procedures.

Member Signature _____

COVID-19 SYMPTOM ATTESTATION

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and public health authorities recommend universal masking, social distancing, and to avoid touching my mouth, nose and eyes. I further acknowledge that Navicent Health has put in place preventative measures to reduce the spread of COVID-19 by having fitness center participants comply with this attestation.

ATTESTATION

On a daily basis I will monitor myself for symptoms and I will not utilize Wellness Center, Navicent Health in the event I am experiencing any symptom of illness such as cough, nausea, vomiting, diarrhea, difficulty breathing, fever (greater than 100.4 degrees), muscle aches, headache, sore throat, or new loss of taste or smell.

If I experience any of the symptoms above, I will schedule an appointment with a medical professional for evaluation.

MEMBER NAME: _____

MEMBER SIGNATURE: _____

Date: _____

Collected by Staff Member: _____