Infectious Disease Release Waiver – The Wellness Center, Navicent Health
Member Name: _____
Date: _____Time: _____ Temperature: _____

I, _____, by my signature below, assent that I am voluntarily entering the premises of The 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 The 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 temperature checks, masking or facial covering and verbal and/or written health questions will be required as part of Navicent Health COVID-19 protocol. I further understand that I may be denied entrance to The Wellness Center, Navicent Health based on the above gathered information.

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 The 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 The Wellness Center, Navicent Health and their employees, agents, and representatives, whether an infection occurs before, during, or after participation in The Wellness Center, Navicent Health activities.

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

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

- Keep appropriate social distancing based on exercise modality and The 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.

WellnessCenter
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Member Signature_____

COVID – 19 Active Screening Questionnaire

1. Within the last 14-days, have your experienced a new cough that you cannot attribute to another health condition? Yes No

2. Within the last 14-days, have you experienced new shortness of breath that you cannot attribute to another health condition? Yes No

3. Within the last 14-days, have you experienced a new sore throat that you cannot attribute to another health condition? Yes No

4. Within the last 14-days, have you experienced new muscle aches that you cannot attribute to another health condition or a specific activity? Yes No

5. Within the last 14-days, have you experienced a loss of taste or smell that you cannot attribute to another health condition? Yes No

6. Within the last 14-days, have you had a temperature at or above 100.4 or the sense of having a fever? Yes No

7. Within the last 14 days, have you had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19? (*Close contact is within 6 feet for more than 10 consecutive minutes*) Yes No

8. Within the last 14-days, have you traveled ~~domestically or~~ internationally? Yes No

9. Within the last 14-days, has anyone in your immediate family exhibited any of the following symptoms: Fever, cough, shortness of breath, chills, sore throat, muscle pain, loss of taste or smell that could not be attributed to another health condition? Yes No

10. Within the last 14-days, have you or any one in your immediate family been asked to self-quarantine? Yes No

(If you answer YES to any of the above questions you will not be allowed into the facility.)

MEMBER NAME: _____

MEMBER SIGNATURE: _____

Date: _____

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