

TVSK Covid Liability Waiver

Date

Name (Parent if under 18)

Student's Name (if different than above)

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing but with changes occurring weekly if not daily.

I further acknowledge that TVSKarate/Treasure Valley School of Karate has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that TVSKarate/Treasure Valley School of Karate can not guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, karate volunteers, instructors, and other students and their families.

I voluntarily seek services provided by TVSKarate/Treasure Valley School of Karate and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I with participating in partner work that is closer together. I acknowledge that I must comply with all set procedures to reduce the spread while attending classes. I attest that:

- * I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- * I have not traveled internationally within the last 14 days.
- * I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- * I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- * I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non contagious by state or local public health authorities.

I hereby release and agree to hold TVSKarate/Treasure Valley School of Karate harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the dojo/school, or that may otherwise arise in any way in connection with any services received from TVSKarate/Treasure Valley School of Karate. I understand that this release discharges TVSKarate/Treasure Valley School of Karate from any liability or claim that I, my heirs, or any personal representatives may have against the dojo/school with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from TVSKarate/Treasure Valley School of Karate. This liability waiver and release extends to the dojo/school together with all owners, partners, and employees & volunteers.

By providing the digital signature below I acknowledge that I agree and fully understand the above waiver. I also give permission for me, my family and/or both to participate in close quarter partner work in class.

Signature