



Liability Waiver - Covid-19:

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Your Health Sense has put in place preventative measures to reduce the spread of COVID-19; however, Your Health Sense cannot guarantee that you will not become infected with COVID-19. Further, participating in training or assessment activities run by Your Health Sense could increase your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in training events or sessions held by Your Health Sense and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Your Health Sense may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Your Health Sense employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance with Your Health Sense or its related events or workouts. I hereby release, covenant not to sue, discharge, and hold harmless Your Health Sense employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Your Health Sense, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Your Health Sense program or assessment.

Please Sign and date below: