

Zacharias Ganey Health Institute, LLC

155 Wadsworth Drive, N. Chesterfield, VA 23236

Zacharias Ganey (aka ZG) Non-COVID-19 Exposure and Assumption of Risk Acknowledgement and Release

Due to the outbreak of COVID-19, we are taking recommended precautions for our members and staff, as well as increasing sanitation, disinfecting, and physical distancing practices. For the safety of you, our ZG staff and members, please read and complete the following, then sign below:

The following are symptoms of COVID-19 (this list does not guarantee sickness or wellness; asymptomatic persons may have the COVID-19 virus)

- 1) Fever or having a sense of a fever (ZG will not admit those with fevers of 100.4 or more)
- 2) A new cough that cannot be attributed to another health condition
- 3) New shortness of breath that cannot be attributed to another health condition
- 4) New chills that cannot be attributed to another health condition
- 5) A new sore throat that cannot be attributed to another health condition
- 6) New muscle aches that cannot be attributed to another health condition or specific activity (such as physical exercise)

I, (PRINT FULL NAME) _____ agree to the following (please check to indicate your read each below):

_____ I understand the above symptoms and affirm that I, as well as my household members, do not have, nor have experienced, any of the symptoms listed above within the last 14 days.

_____ I affirm that neither I, nor my household members, have knowingly been exposed to anyone who tested positive for COVID-19, or with symptoms of COVID-19, within the last 14 days.

_____ I affirm that neither I, nor my household members, have traveled outside of the country within the last 14 days.

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_____ I understand and acknowledge that increased physical distancing, sanitization, disinfection and mask wearing cannot guarantee that I will not come into contact with infectious particles, whether airborne or on a surface, and that I am at risk of infection from such and from other individuals on the premises while attending ZG.

_____ I understand and acknowledge that Zacharias Ganey Health Institute, LLC, and my ZG trainer(s) and ZG staff, cannot be held liable for any exposure to the virus or any other contagion.

_____ For each visit to ZG, I agree to wear a mask upon entry and in all common areas, hallways and non-fitness areas, except when medical necessity prevents the wearing of a mask.

_____ I agree to use hand sanitizer upon entry and as needed.

_____ I will respect ZG physical distancing policies of maintaining at least 10 feet of space between persons while exercising, and 6 feet of space in hallways and common areas.

_____ I agree to thoroughly clean my cardio equipment after each use, and also clean my strength training bench and weights within my weights station, with sanitizers provided by ZG.

_____ I agree not to share equipment, towels or water bottles.

_____ I agree not to enter restricted areas noted by signage. I agree to abide by all ZG COVID-19 safety policies, and all ZG Rules and Regulations, as part of my membership agreement and as posted throughout the ZG building.

By signing below, I agree to and understand each of the above statements and release Zacharias Ganey Health Institute, LLC, its owners, trainers, outside contractors, and staff from any and all liability for any harm done due to COVID-19.

SIGNATURE: _____

DATE: _____

MEMBER PHONE#: _____

EMAIL: _____

SCREENER/WITNESS: _____

DATE: _____