

COVID-19 WAIVER

Do you have any flu like symptoms? Fever, chills, cough, shortness of breath, body aches? Yes / No

Do you have a significant chronic illness? Yes / No

Do you have a compromised immune system? Yes / No

Have you traveled to a location with a level 3 travel health notice in the past month? Yes / No

Have you traveled in an airplane the past two weeks? Yes/No Have you been previously asked to self-isolate or self-quarantine? Yes / No

Have you had close contact to an individual diagnosed with the COVID-19 infection? Yes / No

Have you been recently tested for COVID-19? Yes / No

If yes, have you received results that you tested positive for COVID-19? Yes / No

Any other medical history changes? _____

Please clarify in the space below: **CONSENT FORM FOR BRAZILIAN JIU JITSU TRAINING 1**, _____ hereby on this date of ____/____/2020 am choosing to continue my training at ALLIANCE BJJ LLC, dba ALLIANCE CORAL SPRINGS. I understand that there are risks associated with my participation and I fully accept and release the owner and the staff at ALLIANCE CORAL SPRINGS from any responsibility related to any likelihood of contracting COVID-19 during my visits. I fully confirm that I have not tested positive for COVID-19 nor do I have any symptoms currently related to COVID-19. I am also truthfully stating that I have not traveled outside the US in the last 4 weeks, nor have had any contact with anyone who may have any symptoms concurrent with COVID-19, including but not limited to fever, cough, nausea, diarrhea, vomiting, shortness of breath, etc.

STUDENT NAME: _____

STUDENT OR LEGAL GUARDIAN SIGNATURE: _____