

**COVID-19 LIABILITY WAIVER, RELEASE, HOLD HARMLESS,
DISCHARGE AND CONSENT FORM
PEAC Health & Fitness Members & Participants**

Participant/Member's Information:

Last Name: _____ First Name: _____ DOB: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

If Attendee/Member/Participant Is Under 18 Years of Age – Name & Contact Information of Parent/Guardian: Relation: _____

Last Name: _____ First Name: _____ DOB: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

COVID-19 Liability Waiver, Release, Hold Harmless, Discharge and Consent Form

IN CONSIDERATION of being permitted to participate in any way at PEAC Health & Fitness and its affiliated companies or affiliates (hereinafter "PEAC"), I agree as follows on behalf of myself and/or the minor child as well as waive any rights for my personal representatives, assignees and or heirs at law to bring any action on behalf of myself, the minor child, my estate or the minor child's estate:

1. I, as the member, participant or as the parent and/or legal guardian of the minor child named above, I acknowledge and fully understand the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.
2. I, as the member, participant or parent and/or legal guardian of the minor child named above, further acknowledge that PEAC has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.
3. I as the member, participant or parent and/or legal guardian of the minor child named above further acknowledge that the participation of activities at PEAC may result in close interaction with large groups of people that could increase my and/or the minor child's risk of becoming infected with the Coronavirus/COVID-19.
4. I, as the member and/or participant and/or as the legal guardian of the minor child named above further acknowledge that PEAC cannot guarantee that I and/or the minor child will not become infected with the Coronavirus/COVID-19. I as the member and/or participant or as the parent and/or legal guardian of the minor child named above understand that the risk of becoming exposed 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, PEAC, Pennington Athletic Club LLC, PEAC Performance, Mercer County Club Sports, and/or their affiliated companies, and other PEAC Members, Participants and their families.
5. I, as the member, participant or as the parent and/or legal guardian of the minor child named above, voluntarily seek services provided by PEAC and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending and/or participating in any and all activities at PEAC, including but not limited to exercising, group exercise classes, childcare, sports performance training, tennis, squash, racquetball, youth sports, entering the locker rooms, participating in sporting events or training of any kind and any other activity provided by PEAC not here listed.
6. I, as the member, participant or as the parent and/or legal guardian of the minor child named above, ATTEST THAT the following statements are true. I/we understand and agree to inform PEAC immediately should any of the following statements or conditions directly apply that could compromise our health or others and shall abide or comply with PEAC, the CDC, NJ Health Commission, and other governing Agencies policies, protocols, procedures, or guidelines:
 - a. I and/or the Minor Child are not experiencing any symptoms 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 or other symptoms related to the Coronavirus/COVID-19 not here listed.
 - b. I and/or the Minor Child have not experienced any systems of illness related to the "Kawasaki Disease"/Pediatric Multisystem Inflammatory Syndrome (PMIS) including but not limited to symptoms such as severe inflammation, high fevers, red eyes and rash.
 - c. I and/or the Minor Child have not traveled internationally within the last fourteen (14) days.

