

WAIVER OF LIABILITY PLEASE READ AND SIGN

I hereby warrant, represent and agree that I am (or participant is) in good physical condition and that I, or participant, has no disability, impairment or ailment that prevents me, or participant, from engaging in active or passive exercise. I have been fully informed of, understand, and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity and understand, and am aware that fitness and sports activities involve a risk of injury, including the risk of stroke, heart attack, death or serious disability, and that participation in these activities is voluntary and understand using equipment and machinery can be dangerous.

I acknowledge that I (or participant) has either had a physical examination and have been given physician's permission to participate, or that I have decided to participate, or allow the participant to participate, in the exercise activities programs and use of equipment without the approval of a physician, and do hereby assume all responsibility and accept any and all risks of injury or death for my (or participants) participation in said activities, programs and use of equipment.

I further acknowledge that despite all precautions that I, other members, and/or PittFitness, LLC ("PF") may take, I may still be exposed to COVID-19, including through interactions with other individuals who have COVID-19. I, the undersigned, understand that any presentation or experience on my part of any symptoms of COVID-19 requires immediate exit from the gym facility. I acknowledge that no third party, either from the facility or otherwise, will be capable of monitoring my symptoms, and it is my responsibility to be continually cognizant of all symptoms and interactions with other individuals who may have been exposed at all times. I agree that I will remove myself from participation and seek medical treatment of my own accord should I have any concerns regarding possible symptoms of COVID-19. I, the undersigned, agree to monitor myself in a manner that is outlined by the CDC, Federal, State, Local and the Fitness Center Guidelines to be accountable for my actions and to limit community spread. I acknowledge and understand that I am the only individual capable of determining if I am experiencing COVID-19 symptoms. I hereby agree and do willingly assume responsibility for any risks that I expose myself to and accept full responsibility for any injury or death that may result from participating in this significantly demanding physical activity. I for myself and on behalf of my heirs, assigns, personal representatives and/or next of kin, forever WAIVE, RELEASE, DISCHARGE and COVENANT NOT TO SUE and/or their officers, directors, representatives, partners, officials, principals, agents or employees, subsidiaries, or assigns, as well as their independent contractors.

I agree to the following safety guidelines: Wash my hands before, during and after my workout; Wipe down all equipment before and after use with disinfectant supplies provided; Provide my own water bottle and personal towel to use on contact surfaces; Respect the 6 foot spacing requirements OR wear a protective mask.

In consideration of being allowed to participate in the sports/fitness programs of PittFitness LLC and to use its facilities, equipment and services, in addition to payment of any fee or charge, I do hereby indemnify, hold harmless and forever waive, release and discharge PF and its officers, agents, employees, representative, executors, volunteers, consultants and all others acting on their behalf from any and all claims, demands, damages rights of action or liabilities for injuries, loss or damage to my person and/or property, whether they be known or unknown, anticipated or unanticipated, including those caused by the ordinary negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs or services of PF, or other use of any equipment at various sites, including home, outdoor areas, provided by and/or recommended by PF. The Participant or guardian assumes full responsibility for any injuries, damages or losses which may occur to the participant, or their property and fully understands that PF personnel are not physicians or medical practitioners of any kind. With that in mind, I hereby authorize PF to act for me, or for participants according to their best judgment in an emergency requiring medical attention. I give my permission to allow PF to use pictures and or videos taken of me, and or of the participant, in any flier, website or publication; and release PF from any and all liability arising out of or in any way connected with the use or publication of these images.

Adult Participant or Guardian Signature: _____ **Date:** _____