



LIFEstyle Fitness Center

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 state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

LIFEstyle Fitness Center (“the Center”), a division of Millinocket Regional Hospital, has put in place preventative measures to reduce the spread of COVID-19; however, the Center cannot guarantee that you will not become infected with COVID-19. Further, using the Center 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 I may be exposed to or infected by COVID-19 by attending the Fitness Center and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk becoming exposed or infected by COVID-19 at the Center may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Center employees, and other fitness members.

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 membership at the Fitness Center. I hereby release, covenant not to sue, discharge and hold harmless the Center, its 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 the Center, its employees, agents and representatives, whether a COVID-19 infection occurs before, during, or after participation in activities at the Center.

Printed Name

Signature of Fitness Center Member

Date

Signature of Parent/Guardian if minor (under 18)

Staff initials/date received _____