

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT/INFECTIOUS DISEASES

In consideration of the participation in services provided by *In This Corner Inc* and *Rock Steady Boxing RSB~NSB & RSB Ormond Beach* Affiliates program and related events and activities, on this day: _____/_____/20____

I, (Print)_____ acknowledge, appreciate, and agree that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS In This Corner Inc and Rock Steady Boxing and their RSB NSB & RSB Ormond Beach Affiliates program, their coaches, volunteers and employees, other participants, their families, the BOD officers, sponsoring agencies, sponsors, and if applicable, owners and lessors of premises used to conduct the program classes (“RELEASEES”), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, or in connection to, any services received from In This Corner Inc and Rock Steady Boxing and their RSB NSB & RSB Ormond Beach Affiliates WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

_____ I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

_____ I further acknowledge that In This Corner Inc and Rock Steady Boxing RSB~NSB & RSB Ormond Beach Affiliates has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

_____ I voluntarily seek services provided by In This Corner Inc and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I attest that:

_____ * I am not experiencing any symptom 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.

_____ * I have not traveled internationally within the last 14 days.

_____ * I have not traveled to a highly impacted area within the United States of America in the last 14 days.

_____ * I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

_____ * I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as noncontagious by state or local public health authorities.

_____ * I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Signature _____ **Date** _____