

**Assumption of the Risk and Waiver of Liability Relating to Communicable Diseases including Coronavirus/COVID-19**

In consideration of being allowed to participate on behalf of **TRANSFORM FITNESS LLC** and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza diseases, and COVID-19. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,

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,

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 any unusual or significant hazard during my presence or participation, I will remove myself from participation.

I, for myself and on behalf of my heirs and next of kin, HEREBY RELEASE AND HOLD HARMLESS **TRANSFORM FITNESS LLC owner or other participants and lessors of premises used to conduct event (“Releasees”)**, WITH RESPECT TO ANY OR ALL ILLNESSES. WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.

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

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Print Name of Participant

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Participant Signature

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Date Signed