

Hard Exercise Works Asheville

Gym Attendance Waiver

I, _____ (print name) acknowledge that I wish to participate in **Hard Exercise Works Asheville** workouts inside the facility.

I understand that certain risks are inherent in public congregation and other activities in which I will participate on my own volition, and I fully accept those risks. These risks include, but are not limited to, injury, disease or other threat of physical harm to myself and others, risk of infection of COVID-19, and damage to personal property through exercise. I understand that there may be a great variety of other risks not known or reasonably foreseeable. I acknowledge that **Hard Exercise Works Asheville** is not responsible for any harm that might occur.

I understand and agree that **Hard Exercise Works Asheville** is providing an additional service during times of social distancing ONLY to those who are in accordance with the NC Attorney General's statement "The Governor interprets Executive Order No. 141 to allow the use of indoor gyms or fitness facilities when that use is prescribed by or directed by a medical professional," and have the necessary documentation from a doctor, physician, licensed chiropractor, or licensed physical therapist to prove there is a pre-existing medical condition. It is also understood that because of the Americans with Disabilities Act and medical privacy laws, **Hard Exercise Works Asheville** is not allowed to ask members for medical waivers, notes, or to talk about previous medical history.

I understand and agree to respect the rules and regulations of participating in these workouts. This includes, but is not limited to, parking in designated areas and waiting outside until I am ushered in, taking my temperature prior to working out, wearing a face mask to enter the building until I am in the designated workout area, washing my hands prior to working out, refrain from touching anyone during or after workout, maintaining a minimum of 6ft from any other person, remaining in designated workout area for the entirety of my workout, participating in proper warm-up, workout, and stretch following the workout, signing up prior to the workout and cancelling appointment with proper notification or risk being banned from participating in future workouts. I also agree that I will refrain from attending if I show any symptoms of illness.

I understand that the initial liability waiver signed upon gym membership is in full effect, and this is in addition to any previous agreements signed henceforth. I fully release and discharge **Hard Exercise Works Asheville** and its employees, officers, and agents from all liability in connection with my participation in these workouts.

Printed Name

Signature

Date