COVID-19 Waiver:

The Roost CrossFit has put in place preventative measures to reduce the spread of COVID-19; however, The Roost CrossFit cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending The Roost CrossFit could increase your risk and your child(ren)’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you may be exposed to or infected by COVID-19 by attending classes and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at The Roost CrossFit may result from the actions, omissions, or negligence of myself and others, include, but not limiting to, The Roost CrossFit employees, volunteers, and program participant and their families.

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 attendance at The Roost CrossFit. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless The Roost CrossFit employees, agents, and representative, 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 claim based actions, omissions, or negligence of the employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in The Roost CrossFit’s programs.

Signature:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_