



Name _____ Date _____

THIS SPECIAL WAIVER INCLUDES LANGUAGE ABOUT COVID-19 AND WHAT YOU MUST DO TO MINIMIZE EXPOSURE TO YOURSELF AND OTHERS. PLEASE READ IT CAREFULLY, INITIAL WHERE INDICATED, AND SIGN. IF IT IS DISCOVERED YOU ARE NOT ADHERING TO THESE GUIDELINES YOUR TRAINING PRIVILEGES WILL BE REVOKED.

- 1) I understand that there may not be a personal trainer present to guide me, as such, I am not to lift more weight than I am able to safely lift, and that I am ultimately to perform any exercises only to the point that I can do so safely. _____
2) I understand that equipment has been disinfected prior to my arrival but that I am encouraged to disinfect each piece again both BEFORE I use it and must disinfect it AFTER use. _____
3) I will limit my presence to the designated room and will use a disinfecting wipe/spray on the door handles as well as any other knobs/handles/switches in the bathroom. _____
4) I agree to all the provisions in the waiver below with the additional provision that I am voluntarily accepting risk related to COVID-19 by nature of being in public and utilizing this facility. _____
5) I agree to maintain a minimum 6-ft distance between myself and others on the premises. _____
6) I understand that mask/face coverings are not required during exercise, but are encouraged. _____

INFORMED CONSENT & WAIVER OF LIABILITY:

I understand that fitness activities such as weightlifting, cardio, flexibility, wrestling, Karate, dance, yoga, kickboxing and aerobic exercise including the use of equipment are potentially hazardous and involve a risk of injury and even death. I am voluntarily participating in these activities and using equipment and facilities with knowledge of the dangers involved and I expressly agree to assume and accept any and all of these risks for both myself and any of my children who enter the AlamoShape or AlamoKids premises. I do hereby declare myself to be physically sound and suffering from no illness, impairment, disease, disability, or other condition that would prevent or limit my participation in an exercise program or the use of exercise equipment. I acknowledge that I have either had a physical examination or been given my physician's permission to participate, or that I have decided to participate in physical activity and use of exercise equipment without the approval of my physician and do hereby assume all risks and responsibility for my participation. In consideration of myself and/or my children being allowed to participate in the activities and programs of AlamoSwing, AlamoKids, SuperShape, SoftShape, FitGuy, RebelFit, Men's Basic Fitness Classes, ShapeTraining, Personal Training, Lunch & Lift, FantasyShape, the RoadMap to Fitness, (collectively AlamoShape) and to use the associated facilities and equipment, I do hereby waive, release, and forever discharge AlamoShape and its board of directors, instructors to specifically also include Rosemarie Ferrara, David and Malah Quinlan, any present and future owners, employees, contractors, administrators, agents, representatives, and all others from any and all claims, suits, damages, demands, or actions, including those caused by passive or active negligence by any of those mentioned or others acting on their behalf, arising from or connected with my participation or that of my children, in any services, activities, or exercise programs of www.alamoshape.com or from the use of any of its facilities or equipment, to include any outside activities associated with AlamoShape such as group runs, walks, or outdoor fitness events. I also acknowledge that occasionally photographs and/or video recordings of classes may be taken/used for advertising purposes. All effort will be made to ensure members are aware of such and given the opportunity to opt out, but with no guarantees will not appear in the occasional advertising that results. XX_____

I further understand the AlamoKids childcare room is NOT allergy sensitive and AlamoKids/AlamoShape assumes no responsibility for my child(ren)'s exposure to any allergens, known or unknown. XX_____

Member Name (please print): _____
Names/Ages of children entering the premises _____

Signed _____ Date date _____