

# Old School Lives Release Form 2020

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## General activity release:

I, the undersigned, do agree to forever release Old School Lives, it's Board and Directors, all employees, agents, volunteers and any and all individuals and organizations assisting or participating in Activities and Programs of OSL ("the Releasees" ) from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries or property damage resulting from my participation in OSL's Programs. I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries or property damage resulting from my participation in OSL's programs. I further affirm that I have read this Consent and Release Form and that I am free to choose not to participate in said programs. By signing the Form, I affirm that I have decided to participate in the OSL programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage I may suffer in OSL's programs. I also agree to adhere to the fitness center rules on the back of this form.

## Public Health Release:

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 Old School Lives, Inc. has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Old School Lives, Inc cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff, and volunteers, participants, customers, etc. I voluntarily seek services and opportunities provided by Old School Lives, Inc and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while on the grounds of Old School Lives, Inc.

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 non contagious 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 hereby release and agree to hold Old School Lives, Inc harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the salon, or that may otherwise arise in any way in connection with Old School Lives, Inc. I understand that this release discharges Old School Lives, Inc from any liability or claim that I, my heirs, or any personal representatives may have against the salon with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received Old School Lives, Inc. This liability waiver and release extends to Old School Lives, Inc with all board members, employees, and volunteers.

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

(Signature of legal guardian if under 18)

(\*May list all family members on one form)