



Liability Waiver

Health and Fitness Liability Waiver / Informed Consent Form

I, _____, have enrolled in a fitness program offered by Move It With Kat, operated by Katarina Wallace. (hereinafter "The Company").

I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program.

I acknowledge that my enrollment and subsequent participation is purely voluntary and is in no way mandated by The Company. In consideration of my participation in this program, I, _____, hereby release The Company and its agents, employees, owners and any and all persons and entities related to The Company in any manner whatsoever from any claims, demands, and causes of action as a result of my voluntary participation and enrollment.

I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I, _____, hereby release The Company and all its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, strokes, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, injuries to knees or other joints of the body, injuries to back, injuries to a foot, heat prostration, or any other illness or soreness that I may incur, including death. I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

Covid 19 Release:

I acknowledge the contagious nature of the COVID-19 virus, and respect that the facility adheres to the CDC recommendations of practicing social distancing and wearing face coverings.

I further acknowledge that Move It With Kat, (operated by Katarina Wallace) has put in place preventative measures to reduce the spread of the COVID-19 virus, to the best of their abilities.

I further acknowledge that no guarantee exists regarding whether or not I may contract COVID-19. I understand that the risk of becoming exposed to and/or infected by the COVID-19 virus may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff and other clients.

I acknowledge that I increase my risk of exposure to COVID-19 by participating in services rendered. I acknowledge that I must comply with all set procedures to reduce the spread while in attendance.

I attest that am not:

* I am not experiencing any symptom of illness such as cough, shortness of breath, difficulty breathing, fever, 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 in the last 14 days.

* I do not believe I have been exposed to someone with a suspected and/or confirmed case of COVID-19.

* I have not been diagnosed with Coronavirus/Covid-19 by state or local public health authorities.

* I am following all CDC recommended guidelines as much as possible, including limiting any purposeful exposure to COVID-19.

I attest that I will NOT participate in any classes offered by Katarina Wallace (Move It With Kat) if I do experience any of the symptoms listed above.

I hereby release and agree to hold Move It With Kat, (Katarina Wallace) harmless from any causes of action, claims, demands, damages, costs, expenses and compensation for damage to myself that may be caused by any act, or failure to act, or that may otherwise arise in any way with any services received. I understand that this release discharges the aforementioned from any liability with respect to bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received. This liability waiver and release extends to all owners, partners, and employees.

Signature X _____

Date X _____