



INSTRUCTOR'S NAME: _____

YOUR NAME: _____

EMAIL: _____

PHONE #: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE #: _____

Fitness Warriors Program Participation Rules:

In consideration of my participation in any fitness class conducted as part of the Fitness Warriors Program, I, on behalf of myself acknowledge, accept and agree to the following:

- I agree to report all injuries (even minor injuries) to the lead instructor.
- I agree to wear appropriate fitness equipment during participation in the class.
- I agree to follow all rules of the class and the instructor.
- I agree to stop participation in the class if the instructor asks me to stop.
- I agree to stop participating if at any time I or my Ward feel the conditions are unsafe.

Initial here to attest you have read the Fitness Warriors Program Participation Rules and agree to abide by them at all times: _____

Promotional Rule:

I, on behalf of myself, and if applicable, irrevocably grant unlimited permission to the Sports Backers and the Richmond City Health District to use photos and videos recorded during any Fitness Warriors Program class for any legitimate purpose in perpetuity and that I will not be entitled to any compensation in connection therewith.

Initial here to attest you agree with the promotional rule: _____

COVID-19 Rules:

- I agree to abide by the Center for Disease Control (CDC)'s recommendations for the prevention of the spread of the 2019 Novel Coronavirus Disease (COVID-19) and other communicable diseases, and I attest to having read the CDC's guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>
- I agree to abide by any stay-at-home orders or other guidelines set forth by my local government officials and that is our responsibility to comply with all laws and other requirements imposed by federal, state, and local authorities.
- I agree that I will neither attend nor participate in any class if I, within the past 14 days: (i) have a suspected/confirmed case of COVID-19; (ii) shown any symptoms of COVID-19, including, without limitation, fever, cough, or shortness of breath; or (iii) have been in close contact with a person known to have COVID-19 (or any known symptoms thereof).
- I agree to remain 6 ft. from other participants in the class at all times.

- All participants who are not fully vaccinated will be required to wear a mask when attending and within the venue of an outdoor Sports Backers sponsored activity unless the participant is exercising, drinking water or eating.
- When indoors all participants must be fully vaccinated to participate in a Sports Backers sponsored activity, unless they are under the age of 16.
- Fully vaccinated people will not be required to wear a mask while indoors.
- Vaccination is not required to attend Zoom and outdoor classes.

Are you fully vaccinated against COVID-19? _____YES _____NO

Assumption of Risk / Participant Waiver:

I know that participating in a group fitness class is a potentially hazardous activity. I should not participate unless I am medically able and properly trained, and by my signature below, I certify that I am medically able to perform the class, and am in good health, and I am properly trained. I agree to abide by any decision of an instructor relative to my ability to safely participate in the class and I attest that I have read the Fitness Warriors Program Participation Rules and COVID-19 Rules and agree to abide by them. I, on behalf of myself, assume all risks associated with participating in the class, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, potential exposure to communicable disease (including but not limited to coronavirus/COVID-19, other viruses, bacteria, and all other infectious pathogens and disease vectors), physical injury or illness as a result of physical activity or being on the premises where the class takes place, which risks may result in serious injury, illness, emotional distress, permanent disability and death (collectively, the "Risks"), all such Risks being known and appreciated by me. I acknowledge that if I believe the class conditions are unsafe, I will immediately discontinue participation in the class. I fully accept and assume, on behalf of myself, all responsibility for all losses, costs, and damages I might incur as a result of participating in the class.

Having read this waiver and knowing these facts and in consideration of your accepting my application to participate, I, for myself and anyone entitled to act on my behalf, waive and release the Metropolitan Richmond Sports Backers and the City of Richmond Health District, along with their officers, directors, agents, volunteers and employees from all claims or liabilities of any kind arising out of my participation in any fitness class conducted as part of the Fitness Warriors Program.

Participant Name: (Print):	Date:
Signature:	

Minors: If the Participant is under the age of 18 or under legal guardianship, the waiver must be signed by the parent or guardian:

Participant/Guardian Name: (Print):	Date:
Minor Name (Print):	
Relationship to Minor:	
Signature:	