



4407 Halik St Bldg C Pearland, TX 77581

www.pearlandelite.com

COVID-19 RELEASE & HOLD-HARMLESS AGREEMENT

PLEASE INITIAL BELOW:

_____ I assure that the participant does not have any of the following symptoms:

- | | | |
|-------------------|-------------------------|--------------|
| *COUGH | *SHORTNESS OF BREATH | *SORE THROAT |
| *DIARREAH | *DIFFICULTY BREATHING | *CHILLS |
| *MUSCLE PAIN | *LOSS OF TASTE OR SMELL | *HEADACHE |
| *FEVER OVER 100.0 | | |

_____ I assure that if the participant exhibits any of the above symptoms, they will stay home until symptoms have subsided.

_____ I assure that the participant has had no known contact with a person who is lab confirmed to have COVID-19.

_____ I assure that if the participant comes in contact with a person who is lab confirmed to have COVID-19 or they, themselves, test positive, I will notify the gym and keep them out of the gym and in quarantine for 14 days.

_____ I understand that Pearland Elite will be conducting temperature checks daily and that if the participants temperature exceeds 100.0, they will be sent home.

_____ I have read and agree to abide by all COVID-19 policies and protocols put forth by Pearland Elite.

The undersigned understands that exposure to disease-causing organisms and objects, such as COVID-19, and personal contact with others, including but not limited to employees, coaches, gymnasts, parents, siblings, owners, occupants and others associated with gymnastics classes, involves a certain degree of risk that could result in illness, permanent disability or death. The undersigned also acknowledges that it is impossible to screen and/or monitor all such individuals. After fully and carefully considering all the potential risks involved, I hereby assume the same and agree to release and hold-harmless Pearland Elite Training Center and its employees, officers, agents, contractors from and against, all claims and liability resulting from exposure to disease-causing organisms and objects, such as COVID-19, associated with me either viewing or participating in gymnastics/tumbling classes/teams.

Participants Name: _____ Date: _____

Name of Parent/Guardian

Signature of Parent/Guardian