

Daily AT CAMP PARTICIPANT LIABILITY WAIVER AND QUESTIONNAIRE(INFLC)

The health and safety of Indiana Garza Fat Loss Camps, Inc (INFLC) customers, members, challengers, trainers, staff and volunteers are our top priority. The spread of the coronavirus disease (COVID 19) outbreak has been managed and reduced with the stay home order but we are not taking our or your safety for granted. We continuously monitor key information sources and provide you with information and guidance on what we are doing to protect each of you based on recommendations from the CDC and local health department.

At this time, INFLC is re-opening, front desk staff and up to 12 pre-registered volunteers, members or challengers permitted in the facility (numbers can change).

To prevent the spread of COVID-19 in our camp and reduce potential risk of exposure to our customers and workforce and we are conducting DAILY screening questionnaires. Your completion of this form is required prior to each time entering the gym. This precautionary measure is in place to help protect you and everyone in this building.

WAIVER *Portion A*

I agree to hold harmless Indiana Fat Loss Camps Corp. / Travis Garza TLC Fitness, Inc and all employees or agents free from any and all injuries from corona virus to myself or anyone I come in contact with such as family members, coworkers or others you regularly contact.

I also agree to hold harmless Indiana Fat Loss Camps Corp. / Travis Garza TLC Fitness, Inc and all employees or agents free from any and losses damages, financial damages, liabilities occurring from my participation in the activity for which I enrolled.

HEALTH QUESTIONNAIRE *Portion B*

Circle **YES** or **NO** for the following questions:

1. Do you have COVID 19? **YES NO**
2. Do you suspect you have COVID 19? **YES NO**
3. If in the past, you've had COVID 19, when approximately did you contract it _____. If you've had COVID 19 within the past 45 days, we will need to see your release papers from a health care professional.
4. Within the past 72 hours, I have not experienced a temperature above 99 degrees **YES NO**
5. Within the past 72 hours, I have not experienced chills, nausea, vomiting, diarrhea **YES NO**
6. Within the past 72 hours, I have not fainted, loss consciousness, experienced headaches **YES NO**
7. Within the past 72 hours, I have not loss my taste, smell or decrease in urine out take **YES NO**
8. Within the past 72 hours, I have not experienced any unusual changes in my health **YES NO**
9. Within the past 72 hours, I have been within 6 ft. of someone with COVID 19? **YES NO**

For the safety of all any YES answer means continue working out at home not at camp.

I certify to best of my knowledge that all questions answered above are true.

Anyone knowingly answers any these questions falsely will immediately be asked to leave forfeiting their membership or challenge. No refunds or credit will be issued.

BY SIGNING THIS DOCUMENT, I AM AGREEING TO "WAIVER PORTION A" and "HEALTH QUESTIONNAIRE PORTION B" THAT ALL QUESTIONS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

PRINT NAME _____ DATE _____

SIGNATURE _____

Print this form and bring to camp **completed every time** you come to camp. This will also be used as your sign in. Grateful for your cooperation and patience and also your commitment to good health.