

Shepherd-Warrior Martial Arts
Assumption of the Risk and Waiver of Liability
Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Shepherd-Warrior Martial Arts, Inc. (“SWMA”) has put in place some preventative measures to reduce the spread of COVID-19; however, SWMA cannot and will not guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending live classes at SWMA could potentially increase your risk and your child(ren)’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending SWMA and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at SWMA may result from the actions or omissions of myself and others, including, but not limited to, SWMA employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at SWMA or participation in SWMA programming (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless SWMA, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions or omissions of SWMA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any SWMA program or class.

I further agree that I and my family will not attend in-person classes if I or they show signs or symptoms of any illness. I understand that there are online class options available and agree to attend those instead until such illness has run its course and I or they are no longer contagious or symptomatic.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Student(s)