

**For the safety of our FFAP team members and fellow students, please read, acknowledge and initial each statement.**

NAME: \_\_\_\_\_ TEMPERATURE: \_\_\_\_\_

1. I agree to wear my mask at all times while class is not in session. \_\_\_\_\_
2. I agree to adhere to the social distancing practices at FFAP. \_\_\_\_\_
3. Neither the individuals living in my home nor I, have tested positive for COVID-19 in the past 14 days. \_\_\_\_\_
4. Currently, I am not experiencing any of the COVID-19 symptoms such as: Cough, Shortness of breath or difficulty breathing, Fever, Chills, Muscle pain (unrelated to working out), Sore throat, Loss of taste or smell. \_\_\_\_\_
5. I have not traveled outside of the country in the past 14 days. \_\_\_\_\_
6. I am willingly taking classes at FFAP at my own risk. I agree to release Fit For A Purpose, its owner, and team members of any liability related to any health-related issues that may occur as a result of taking this class. \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_