



Aeon Fitness and Gymnastics, LLC.

Training Center #1: 157 Patterson Street, Hillsdale, NJ 07642

Training Center #2: 270 Knickerbocker Avenue, Hillsdale, NJ 07642

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COVID-19 Athlete Advisory and Acknowledgement Waiver Form

Gymnastics/Tumble/Cheerleading/Ninja Warrior at Aeon Fitness and Gymnastics

You have come to Aeon Fitness and Gymnastics with the intent to receive training that will be done during COVID-19. Please be advised of the following:

While our facility complies with State Health Department and the CDC guidelines to prevent the spread of the COVID-19, we cannot make any guarantees.

Our staff are symptom-free and, to the best of their knowledge, have not been exposed to the virus. However, since we are a place of public accommodation, other persons (including other students) could be infected, with or without their knowledge.

In order to reduce the risk of spreading COVID-19, we have asked you a number of “screening” questions below.

For the safety of our staff, other students, families, and yourself, please be truthful and candid in your answers on behalf of your minor (whom will be participating in an Aeon program).

I agree to have my minor temperature checked at the door prior to entry and understand that they are not permitted inside with a temperature equal to or greater than 100.4 degrees F.

I understand that the following questions can be asked to the athlete on a daily basis. If the answer is YES to any of these questions, an athlete may not be allowed to enter the facility space.

ARE YOU CURRENTLY AWAITING THE RESULTS OF A COVID-19 TEST? _____

DO YOU HAVE A FEVER? _____

DO YOU HAVE ANY SHORTNESS OF BREATH? _____

DO YOU HAVE A DRY COUGH? _____

DO YOU HAVE A RUNNY NOSE? _____

DO YOU HAVE A SORE THROAT? _____

DO YOU HAVE SNEEZING, WATERY EYES AND/OR SINUS PAIN/PRESSURE THAT IS UNUSUAL AND NOT RELATED TO SEASONAL ALLERGIES? _____

HAVE YOU EXPERIENCED HEADACHES/FATIGUE/WEAKNESS? _____

HAVE YOU LOST YOUR SENSE OF TASTE/SMELL? _____

WITHIN THE LAST 14 DAYS, HAVE YOU TRAVELED OUTSIDE OF NEW JERSEY? _____

DO YOU HAVE ANY OTHER REASONS TO BELIEVE THAT YOU MAY HAVE CONTRACTED COVID-19? _____

I have read and understand all COVID-19 procedures that Aeon has distributed. I agree to abide by all rules, procedures, and guidelines. I have watched in its entirety and understand the COVID-19 video that Aeon has distributed. I agree to follow the COVID-19 regulations. I understand and acknowledge the risks of COVID-19 and agree that this waiver and release agreement covers each and every activity at Aeon Fitness and Gymnastics as to each and every time the participant comes to Aeon Fitness and Gymnastics. I agree that my athlete is allowed to be spotted for safety reasons from coaching staff during COVID-19. I understand that I have given up substantial rights by signing this waiver and sign it voluntarily. This waiver is to accompany the Aeon Registration Form signed previously.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Name of Athlete: _____

Initial of Athlete (initialed by the athlete): _____

Date: _____