

**Tiger's Claw Martial Arts**  
49B Prospect Place, 2<sup>nd</sup> Floor, Rear Door  
Hillsdale, NJ 07642  
201-263-1983

**COVID-19 Waiver Form**

*Karate classes at Tiger's Claw Martial Arts, Inc.* You are training Tiger's Claw Martial Arts (TCMA) with the intent to receive training during COVID-19. Please be advised of the following:

Our facility works to comply 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 a TCMA program).

When necessary, I agree to have my minor's 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 TCMA has distributed. I agree to abide by all rules, procedures, and guidelines. I have read in its entirety and understand the COVID-19 Policies that TCMA 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 Tiger's Claw Martial Arts as to each and every time the participant comes to Tiger's Claw Martial Arts. I understand that I have given up substantial rights by signing this waiver and sign it voluntarily. This waiver is to accompany the TCMA Registration Form signed previously.

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_