



### Facility Liability Waiver

ASSUMPTION OF RISK, WAIVER, RELEASE, AND DISCLAIMER OF LIABILITY. (A) You warrant, represent and agree that you (including your participating family members, guests, teams and players collectively "Releasors") are in good physical condition and free from any disability, impairment or ailments which would prevent any Releasor from engaging in any activity or exercise, or that will be detrimental or inimical to Releasor's health, safety, comfort or physical condition if Releasor does engage or participate. Should any Releasor have any health problems that might affect an activity or exercise regimen, you agree to advise SFFLC in writing of this fact, and to obtain a physician's statement as to the nature and extent of an appropriate exercise program. (B) You warrant, represent and agree that Releasors are aware that Releasors are engaging in physical activity or exercise, and the use of exercise equipment and SFFLC facilities, any of which could cause injury to Releasors, including serious bodily harm and death. You agree that Releasors are voluntarily participating in these activities, that such activities are inherently dangerous, and that Releasors assume all risk of injury and death that might result. (C) You agree to waive any claims or rights Releasors may have to sue SFFLC, its officers, members, managers, instructors, employees, agents, successors or assigns for injury to Releasors that may result from any such activities. You have carefully read this paragraph and waiver, and fully understand it is a release of liability. (D) You agree to pay any extra charges to reimburse SFFLC for the replacement value of any property damage caused by Releasors, including damages arising from any careless use of equipment or dropping of weights, etc.

#### Coronavirus (COVID-19) Liability Waiver and Release

I, the undersigned, understand that we are in a time of uncertainty with regard to the spread of and risks associated with the Coronavirus (COVID-19) and that personal contact with others and contact with any equipment that I may use at the Columbus Corporation of Oklahoma City, Inc., d/b/a Santa Fe Family Life Center (hereinafter "Corporation") facility during this COVID-19 outbreak involves a certain degree of risk that could result in illness, permanent disability or death to me. I understand and accept that Corporation, its agents, employees, staff, officers and directors cannot guarantee and /or insure that I will not be exposed to and/or contract COVID-19 while in the facility, on the premises or using any of the facility's equipment. I understand and accept that Corporation will use its best efforts to sanitize the facility and its equipment in a reasonable manner.

By signing this WAIVER And RELEASE and after carefully considering the risks involved I expressly agree and accept full responsibility for any damages, injuries or losses of any type that I may incur from my being on or in Corporation's premises or facility and/or by my use of any of its equipment and I hereby fully and forever release and discharge Corporation, their agents, employees, insurers, officers, directors, and associates, from any and all claims, demands, damages, causes of action, and liabilities, including injury or death claims, resulting from my exposure to and/or contracting of COVID-19 or any related viral infection or virus resulting from my being on or in the Corporation's premises and/or facility or from my use of any of its equipment, regardless of the theory of recovery asserted, including allegations based on negligence.

I expressly agree to indemnify and hold the Corporation harmless against any claims, demands, damages, causes of action, of any person, including myself, or entity, which may arise or result from my presence on or in the Corporation's premises or facility and/or my use of its equipment. In addition, I grant SFFLC the right to photograph, videotape, or otherwise capture my image and likeness. I agree that the SFFLC may use, reproduce, distribute, and display such materials for promotional and marketing purposes without any compensation to me.

I agree to abide by, follow and comply with any and all rules imposed by the Corporation regarding my presence on or in the premises or facility and use of its equipment.

BY MY SIGNATURE HEREON I ATTEST THAT I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AND HAVE VOLUNTARILY SIGNED THIS DOCUMENT WITH THE FULL KNOWLEDGE OF ITS CONTENTS. IF PARTICIPANT IS UNDER 18, PARENT OR LEGAL GUARDIAN MUST SIGN FOR THEM.

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Number:(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_