

Waiver & Release Form

NAME: _____ D.O.B. _____

ADDRESS: _____ City _____ State _____ Zip _____

PHONE: _____ EMAIL: _____

Emergency Contact Name: _____ Phone: _____

The undersigned executes this Waiver in connection with your visits to the Northeast Racquet Club and Fitness Center (the 'Club')

You agree that when you enter onto Club property, engage in any exercise or activity at the Club, or use any Club facilities you assume all risk of injury, or illness as well as damage or loss to you or to your property. This includes use of the locker rooms, pool, parking area and any equipment, as well as your participation in any activity, class or program. You agree on behalf of yourself (and your heirs, personal representatives and executors) to waive and release the Club (and its employees, affiliates and agents) from all claims and liability for injury or death, or for loss or damage to property arising from your visits to the Club whether the result of any act, omission or negligence of the Club or any other person.

You acknowledge that novel coronavirus (Covid-19) infections have been confirmed in Pennsylvania and due to the nature of activities and programs offered at the Club social distancing is not always possible and surfaces may be contaminated and there is a risk that you may contract Covid-19. You fully understand the dangers of using the facilities, services and programs of the Club and acknowledge that such use may result in exposure to Covid-19, which may result in illness or death. You agree to waive and release the Club (and its affiliates, employees and agents) from any and all claims or liability for illness or injury to you (or to any person who may contract Covid-19 from you) related to Covid-19 whether the result of any act, omission or negligence of the Club.

YOU ACKNOWLEDGE THAT YOU HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY.

Signature _____

Printed Name _____ Date _____

PLEASE PRINT - LEGIBLY AND COMPLETELY