

**INDIVIDUAL MEMBER ASSESSMENT AND INDEMNITY FORM:**

**Full name:**

**SAGF Membership No.**

**Parent's name (if member is a minor):**

**Contact numbers:**

**Email address:**

I, \_\_\_\_\_ knowingly and willingly consent to myself or for a minor, \_\_\_\_\_ under my care, to attend Fitnastix lessons at **(Kids Fit Gym)**.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. I understand that due to the frequency of visits of other gymnasts, the characteristics of the virus, and the characteristics of gymnastics activities, that I have an elevated risk of contracting the virus simply by being at the gymnastics venue.

High risk patients relating to the severity of COVID-19 are persons over the age of 60 and persons who have pre-existing medical conditions such as: asthma, chronic lung conditions, hypertension, autoimmune disease, organ transplants, cancer, immune compromised, obesity (BMI over 40) and liver or kidney disease conditions. I confirm I, nor my minor fall into any of these high-risk categories.

I am aware of the risks involved with the spread of COVID-19 and the risks it may hold to my health and the health of others I come in contact with. I accept those risks and hereby indemnify and hold the gymnastics club and his/her staff blameless should I contract the disease at the venue of the gymnastics club or from the gymnastics club staff members. I will abide by all the regulations and rules for participation in Fitnastix activities as laid out in the SAGF COVID-19 and **(Kids Fit Gym)** policy.

I have read and understood these regulations and rules for participation in Fitnastix activities as laid out in the SAGF COVID-19 and **(Kids Fit Gym)** policy and confirm I will comply thereto and prepare accordingly.

Residential address of member: \_\_\_\_\_

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