Covid-19 Pandemic - AKT Combatives Academy - Participation Consent Form For Public Classes and Private Lessons (Note: One Form Per Student)

I,, knowingly and willingly consent to
(myself or my child) attending public classes or private lessons with restrictions and social distancing at AKT Combatives Academy during the COVID-19 pandemic.
I understand the COVID-19 coronavirus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not, given the current limits in virus testing (initial)
I understand that due to the frequency of attendance by other students, the characteristics of the virus, and the characteristics of martial arts training, that I have an elevated risk of contracting the virus simply by attending classes(initial)
I confirm that I am not presenting any of the following systems of COVID-19 included but not limited to the following list(initial)
 Fever – elevated temperature Shortness of breath Loss of sense of taste or smell Dry cough Runny nose Sore throat
To prevent the spread of contagious viruses and to help protect each other, I understand that I need to follow the Academy's strict guidelines posted in the Health & Safety Protocol(initial)
I understand that the CDC, OSHA and New York State Health Departments recommend social distancing of at least 6 feet(initial)
I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus(initial)
I verify that I have or have / have not (circle one) traveled outside the United States in the past 14 days to countries that have been affected by COVID-19(initial)
I verify that I have / have not (circle one) traveled domestically within the United State by commercia airline, bus, or train within the past 14 days(initial)
 Form Completion Options: Download, Print and Bring this Completed & Signed Form with you to your first class or lesson. Pick up a form at any time from the box near the front door at either AKT Combatives Academy.
Student Name: Today's Date:
Signature of Adult Student or Parent of a Minor: