



## HEALTH SCREENING

TO PROTECT EVERYONE IN OUR COMMUNITY, ALL PERSONS ENTERING MRFC MUST COMPLETE THE FOLLOWING QUESTIONNAIRE.

YOUR NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ TEMPERATURE READING IF TAKEN: \_\_\_\_\_

NAME OF STAFF MEMBER WHO TOOK TEMPERATURE READING: \_\_\_\_\_

DO YOU HAVE ONE OR MORE OF THE FOLLOWING SYMPTOMS OF A RESPIRATORY INFECTION: HEADACHE; FEVER; NASAL OR RESPIRATORY CONGESTION; DRY OR WET COUGH; SHORTNESS OR BREATH; OR SORE THROAT. HAVE YOU HAD ONE OR MORE OF THOSE SYMPTOMS IN THE LAST 14 DAYS?

YES \_\_\_\_\_

NO \_\_\_\_\_

IN THE LAST 14 DAYS, HAVE YOU HAD CONTACT WITH SOMEONE WITH A CONFIRMED DIAGNOSIS OF COVID-19, OR WHO IS UNDER INVESTIGATIONS FOR COVID-19, OR IS ILL WITH RESPIRATORY ILLNESS?

YES \_\_\_\_\_

NO \_\_\_\_\_

IN THE LAST 14 DAYS, DID YOU TRAVEL INTERNATIONALLY, BY CRUISE SHIP OR DOMESTICALLY ON PUBLIC TRANSPORTATION OUTSIDE OF NH, VT OR ME?

YES \_\_\_\_\_

NO \_\_\_\_\_

**SEE REVERSE SIDE FOR REQUIRED SIGNATURE/WAIVER FORM**

## MEMBER REGISTRATION AND LIABILITY RELEASE FORM

I UNDERSTAND THE RISKS INHERENT IN ACTIVITIES SUCH AS ARE CONDUCTED BY AND/OR ON THE PROPERTY OF, AND/OR UNDER THE DIRECTION OR SUPERVISION OF JOSLIN TENNIS LLC, dba MOUNTAINSIDE RACQUET & FITNESS ("The Club"). BY SIGNING THIS FORM I AGREE TO ABSOLVE AND HOLD HARMLESS THE CLUB, INCLUDING BUT NOT LIMITED TO THEIR RESPECTIVE MANAGERS, SHAREHOLDERS, OFFICERS, EMPLOYEES, REPRESENTATIVES, AGENTS AND LESSEES FROM ANY AND ALL RESPONSIBILITY, INCLUDING MONEY DAMAGES, FOR ANY AND ALL HAMS THAT MIGHT OCCUR DURING, BE CAUSED BY, OR OTHERWISE RESULT IN ANY WAY FROM MY USE OF ANY FACILITY OR PROGRAM OFFERED BY THE CLUB. I UNDERSTAND THAT THIS WAIVER INCLUDES BUT IS NOT LIMITED TO ANY AND ALL HARMS CAUSED BY THE NEGLIGENT ACTOS FO ANY OF THE ABOVE MENTIONED PARTIES, HARMS THAT WOULD NOT HAVE OCCURRED BUT FOR MY UTILIZATION OF THIS FACILITY AND/OR ANY OFFERED PROGRAMS OR EVENTS, LIMITED TO: ALL REAL ESTATE, PROPERTY, CHATTELS, PROGRAMS, EVENTS, AND PROMOTIONS OWNED OR SUBSTANTIALLY CONTROLLED BY THE CLUB, BUT FOR WHICH ANY OR ALL OF THESE ENTITIES MIGHT OTHERWISE BE LIABLE. THE TERM "HARMS" SHALL INCLUDE BUT NOT BE LIMITED TO: PAST, PRESENT, AND FUTURE PHYSICAL OR EMOTIONAL INJURY, PAIN, OR SUFFERING; DAMAGE TO PROPERTY OR CHATTLES; AND LOSS OF CONSORTIUM, EARNINGS AND/OR EARNING POTENTIAL. I FURTHER AGEE TO VOLUNTARITY ASSUM THE RIST OF SUCH HARMS AS A CONDITION OF AND IN CONSIDERATION FOR MY PERMISSION TO UTILIZE THE FACILITY AND ANY PROGRAMS OFFERED BY THE ABOVE-NAMED ENTITIES. I UNDERSTAND THAT THE ENTIRE PREMISES IS UNDER VIDEO SURVEILLANCE.. I FURTHER AGREE TO INSPECT ALL FACILITIES, PROGRAMS, EQUIPMENT AND PERSONNEL BEFORE ATTEMPTING TO USE THEM AND TO NOTIFY CLUB MANAGEMENT OF ANY DEFECTS OR APPARENT DEFECTS. I FURTHER AGREE TO OBTAIN KNOWLEDGE OF THE PROPER USE OF ALL FACILITIES, AND TO EMPLOY SUCH KNOWLEDGE AT ALL TIMES DURING MY UTILIZATION OF SAID FACILITIES.

### **Assumption of the Risk and Waiver of Liability Relating to COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Joslin Tennis LLC, dba Mountainside Racquet and Fitness Center ("the Club") has put in place preventative measures to reduce the spread of COVID-19; however, the Club cannot guarantee that you will not become infected with COVID-19. Further, attending the Club could increase your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at the Club or participation in Club programming ("Claims"). On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

**MY SIGNATURE ON THIS FORM INDICATES THAT I HAVE READ AND UNDERSTAND THIS FORM AND THAT I AGREE TO ITS TERMS.**

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

