



Covid-19 Waiver

Jennifer DeSimone & Jackie Vandenburg representing Girl Active Life

Participant Name

_____ I have not been in contact with someone who has Covid-19 within the past two weeks that I know of.

_____ I have not been diagnosed with Covid-19 within the past month.

_____ I have not had the flu or sick like symptoms or been around someone with the flu or sick like symptoms within the past two weeks.

_____ I realize I am working out at my own risk and if I do contract Covid-19, I will not hold Jennifer DeSimone and Jackie Vandenburg representing GAL liable for contracting Covid-19.

Signature _____

Date _____