

# CLIENT HEALTH QUESTIONNAIRE

PRIOR TO THE START OF MY ATTENDANCE, I CONFIRM THAT:

I have not been diagnosed with or cared for someone diagnosed with COVID-19 in the past two weeks.

I have not shown symptoms of COVID-19 or come in close contact with anyone exhibiting these symptoms in the past two weeks.

I have not traveled outside of my immediate daily routine for the past two weeks.

I do not have a cough, fever, chills, shortness of breath or loss of taste or smell.

If I begin to show symptoms of COVID-19 within the next two weeks, I will contact Traci at EKM 201-567-9300.

I will follow all posted EKM rules to keep myself, my teacher and those around me safe.

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

Printed Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Temperature: \_\_\_\_\_

Oxygen Test: \_\_\_\_\_

## **RELEASE AND WAIVER OF LIABILITY (COVID-19)**

Due to the 2019-2020-2021 outbreak of the novel Coronavirus (COVID-19), HOT Volleyball NYC, LLC is taking extra precautions with the care of every person associated with HOT Volleyball NYC, LLC. Due to this event, I hereby agree to the following: I understand COVID-19 symptoms (fever, fatigue, dry cough, difficulty breathing, loss of taste and/or smell) and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 10 days. I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the past 30 days. I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days. I affirm that I, as well as all household members, have not traveled outside of the country, or to any city considered to be a "hot spot" for COVID-19 infections within the past 30 days. I understand that HOT Volleyball NYC, LLC cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each person.

I have read and understand this release and agreement and agree to its provisions. I am not under the influence of any drugs, alcohol, or other intoxicants. I am not suffering from any illness or incapacity. I am over 18 years of age. (If not over 18 years of age, parent or guardian must sign.)

Student/Child Name: \_\_\_\_\_

Signature of Parent /  
Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# HOT Volleyball Performance Program

## Inform Consent

Student Name: \_\_\_\_\_

I hereby consent to voluntarily participate and assumption of risk in the HOT Volleyball NYC, LLC Training Program with Traci Edwards. My permission to participate in the exercise sessions and functional exercise techniques is voluntarily. I understand that I am free to stop participation at any point I so desire.

I have read this form and I understand the exercise sessions risk that I will perform and the attended risk and discomfort. Knowing these risks and discomforts and having an opportunity to ask questions that have been answered to my satisfaction, I consent to participate in this program.

\_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Signature

# HOT Volleyball Performance Program

## Release and Waiver PARENTAL AUTHORIZATION

Student Name: \_\_\_\_\_

We (or I) hereby waive, release, and discharge HOT Volleyball NYC, LLC, Traci Edwards, their representatives, successors, assignees, and other persons or organizations connected with the training sessions, from any and all claims resulting from or arising out of my participation in the training sessions, the disclosure of the result of the training sessions, or any services provided in connection with the training sessions. The training sessions consist of one and a half hours and may exacerbate any new or prior injuries or complications and are therefore not the responsibility of Juan Berrios and Traci Edwards, or any other person or organization associated with the training sessions. The training sessions will be terminated at any given point if there are any severe physical complications including but not limited to heart attack, diabetic complications, heat exhaustion, asthmatic attack, etc.

We (or I) authorize the HOT Volleyball Performance Program to select hospital facilities and/or a physician and authorize treatment of the above named applicant on an emergency basis in the event such treatment becomes necessary. We (or I) will be responsible for all bills incurred as a result of illness or accident while the above named applicant is at the HOT Volleyball Performance Program. We (or I) request you accept the application for the HOT Volleyball Performance Program. In consideration of your acceptance of the applicant, we (or I) hereby release the HOT Volleyball Performance Program, Traci Edwards from all claims on account of illness, injuries or diseases which may be sustained by the above named applicant while attending the HOT Volleyball Performance Program, and we (or I) further agree to indemnify the HOT Volleyball Performance Program and their employees for any claim which may hereafter be presented by the applicant.

We (or I) understand that by voluntarily requesting and accepting the training sessions, the results of the training sessions are for my information purposes only and do not constitute the diagnosis of any disease, illness, and or health condition which can only be made after an examination by a qualified physician. We (or I) also understand that it is our (or my) responsibility to consult a physician prior to beginning any training sessions or personal consultations with Traci Edwards. Also, how I decide to obtain advice or treatment of any preexisting condition prior to working with Juan Berrios and Traci Edwards is our (or my) responsibility and not that of Traci Edwards, or any other person or organization associated with the training sessions.

\_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Signature