

## COVID-19 Rules, Regulations & Waiver

Effective May 17, 2020 and apply to ALL members and exercise participants

1. If you feel sick, please do NOT come to the Activity Center.
2. A volunteer or staff member will check your temperature with a **non-contact forehead thermometer** as you enter the building. Non-compliance with this procedure will result in the inability to enter the building and participate in exercise classes.
3. Every member, staff member, volunteer or any other person who participates in any of our exercise class(es) is required to sign the waiver below.
4. Apply hand sanitizer as soon as you enter the Activity Center.
5. Scan your membership tag and allow the **front desk volunteer/staff member** to check you in for the chosen class(es). We ask that you do not touch the check-in screen.
6. The use of face masks are encouraged but not required.
  - a. **The only exception will be for individuals who are at risk of cardiovascular (or pulmonary) complications including:** asthma, chronic obstructive pulmonary disorder (COPD), bronchitis, cystic fibrosis, pulmonary fibrosis and any other conditions that affect the heart or lungs.
7. Class size is limited to 12 participants.
8. Social Distancing (minimum 6ft) between participants as well as any volunteers and/or the instructor(s) should be maintained at all times.
9. When your exercise class is over, please exit the exercise room promptly to allow for cleaning of all chairs, mats and other exercise equipment.
10. If possible, we encourage members to bring your own exercise mat.
11. Class duration time may be reduced to allow ample time to clean between classes.

### WAIVER OF LIABILITY

AS CONSIDERATION FOR BEING ALLOWED TO PARTICIPATE IN ACTIVITIES, INCLUDING BUT NOT LIMITED TO EXERCISE, GAMES, MEALS, AND SOCIALIZATION ACTIVITIES (“**ACTIVITIES**”), PROVIDED BY THE BULVERDE SENIOR CENTER D/B/A BULVERDE SPRING BRANCH ACTIVITY CENTER (THE “**CENTER**”), BY SIGNING BELOW, I HEREBY ACKNOWLEDGE THAT THE ACTIVITIES ARE INHERENTLY HAZARDOUS, I ASSUME ALL RISK ASSOCIATED WITH THE ACTIVITIES, AND I AGREE THAT THE CENTER AND ITS EMPLOYEES, VOLUNTEERS, MEMBERS, BOARD OF DIRECTORS, AGENTS, AND CONTRACTORS (“**PROTECTED PARTIES**”) SHALL HAVE NO LIABILITY FOR ANY CLAIMS, LOSSES, COSTS, INJURIES OR ILLNESS OF ANY KIND ARISING OUT OF OR RELATED TO THE ACTIVITIES (THE “**CLAIMS**”), **EVEN IF THE CLAIMS ARISE OUT OF THE NEGLIGENCE OF THE PROTECTED PARTIES.** AND I WAIVE AND RELEASE ANY AND ALL CLAIMS THAT I MAY HAVE AGAINST THE PROTECTED PARTIES, INCLUDING BUT NOT LIMITED TO CLAIMS RELATED TO OR ARISING FROM COVID-19. THIS DOCUMENT SHALL BE BINDING UPON MY LEGAL REPRESENTATIVES, HEIRS, SUCCESSORS, AND ASSIGNS.

SIGNED: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Bulverde Spring Branch Activity Center Volunteer or Staff Member: \_\_\_\_\_