



2645 Vikings Circle, Suite 200 | Eagan, Minnesota 55121

I, \_\_\_\_\_, acknowledge that I am willfully participating in an exercise program at the Training HAUS. I am not required to participate in any exercise program or use the facility in any way. My participation in any activity or program is wholly voluntary. I understand and acknowledge the following:

### **My Health**

- I am under no physical restrictions and do not suffer from any known disability or conditions that would prevent me from participating in fitness or rehabilitative activities.
- I am in good physical condition and I am fit to participate in a clinic exercise program.

### **My Actions**

I agree to:

- Exercise according to my fitness level and capabilities and stop exercising if I am experiencing chest pains, shortness of breath, fatigue, feeling faint, and/or injury.
- Be respectful of staff, other clinic users, and all other individuals.
- Clean each piece of equipment for use by the next participant.
- Wear appropriate attire, including: shirt, shorts and/or pants, and shoes.
- Follow all clinic rules as well as instructions relating to exercise procedures and proper use of equipment.
- Refrain from bringing food or beverages (except water) into the clinics.

### **Waiver and Release**

- As with any physical activity, some risks exist that may lead to injury or even death.
- I assume the risk of any and all accidents or injuries of any kind that I may sustain in connection with my use of any clinic or participation in any clinic exercise program.
- I release the Training HAUS, its employees, independent contractors, instructors, agents, and all other persons and entities (hereinafter "Released Parties") from any and all present and future claims resulting from any loss, damage, theft of personal property, personal injury, or death resulting from my participation in any activities in, or in connection with, the clinics.
- My release applies both to claims that may be made by me and to claims that may be made by my family, estate, heirs, representatives, or assigns.
- I agree to indemnify and hold harmless the Released Parties for any claims arising as a result of my engaging in any activities in, or in connection with, the clinics.
- I authorize the release of data/information related to my treatment and/or training results to Training HAUS as a business under TCO for the purposes of research. The researchers cannot use identifying characteristics when reporting any results of their research. You can choose to deny this request by calling 952-456-7650.



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- Use of Images, Audio and Name. Training HAUS, Powered by TCO and its affiliates may wish to use photographs and/or video images and/or audio of me, with or without my name (the "Images"), on internal and/or external websites, in email, in videos, in connection with marketing and other events, for training purposes, on social media, in newsletters, in printed brochures and in similar internal and external communications and marketing materials in different media and formats ("Training HAUS Materials") for commercial and/or non-commercial purposes.
- I hereby grant Training HAUS, its successors, assigns and licensees a royalty-free, perpetual, license and right to use, copy, distribute, and edit (e.g., crop, enlarge, brighten) the Images(s) of me in Training HAUS Materials. I waive the right to inspect or approve the finished product, including printed or electronic copy that includes my testimonial or likeness. I understand that Training HAUS is not required to use the Images(s). I understand and agree that no compensation or royalty of any kind is due to me for use of the Images(s), as described in this Agreement. You can choose to deny this request by calling 952-456-7650.

**I have fully read, understand, and agree to the above statements.** (If under age 18, a parent or guardian must sign.)

PRINT \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Given the current COVID-19 environment, Training HAUS has increased the level of screening and will be limiting group sizes to comply with social distancing guidelines. We are requiring all patients/athletes to review the information outlined below and electronically sign in order to resume any Training HAUS service(s). The questions, information, and physical screening below are being added to reduce the risk or spread of infection. Thank you for your patience and understanding as we work together to provide the safest environment possible.

Please review the questions below, if your answer would be YES or you have any symptoms outlined in questions 1-3, we are asking you to wait 14 days until symptoms have resolved and 3 days minimum without a fever greater than 100 degrees before receiving any Training HAUS service(s). For those who have any of the conditions listed in question 4, we are asking you to consider our HAUS at HOME programs for the protection of you and those within your home.

**\*\*We are requiring a strict adherence to this policy to prevent the spread of COVID-19.**

1. Have you had contact with anyone with a confirmed COVID-19 case in the past 14 days?
2. Are you currently experiencing a fever over 100, difficulty breathing, sore throat, or cough?
3. Have you had any of the following symptoms in the last 14 days:
  - Fever greater than 100 degrees
  - Difficulty breathing
  - Cough



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4. Do you have any health concerns, medical conditions or lifestyle habits that would put you at increased risk if you were to contract COVID-19?

Conditions include by are not limited to:

- Use of immunosuppressive medications
- Chronic heart disease (pulmonary hypertension, hypertension defined as >140 systolic/ >90 diastolic, congestive heart failure)
- Chronic lung disease,
- Chronic kidney disease
- Moderate to severe asthma
- Obesity characterized by BMI>40 (ask provider to help calculate BMI if needed)
- Diabetes
- Reside with at risk family member

I have fully read the above statements and understand that there is an increased risk of acquiring COVID-19 by receiving any service provided by Training HAUS.

PRINT \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

For any questions regarding this form or receiving any Training HAUS services, please email:

[Info@TrainingHAUS.com](mailto:Info@TrainingHAUS.com)