The Handle Bar Cycling Studios
141 Dorchester Avenue
South Boston, MA 02127

COVID19 Health Declaration Form & Waiver

In consideration of my participation in the foregoing, the undersigned acknowledge and agree to the following:
Within the fourteen days (14) immediately preceding the Date of this Health Declaration Form ("Declaration"), I HAVE NOT:

a. tested positive or presumptively positive with the COVID-19or been identified as a potential carrier of the COVID-19 virus or similar communicable illness ("COVID-19");
b. experienced any symptoms commonly associated with the COVID-19
c. been in direct contact with or the immediate vicinity of any person I knew and/or now know to be carrying the COVID-19 or has been identified as a potential carrier of the COVID-19.

I AGREE to:

a. wear a mask at all times as recommended, but if I cannot wear a face covering during strenuous fitness activity, my mask can be removed while I am on my bike.
b. consent to having my temperature taken by studio staff upon entering the studio.
c. follow all social distancing protocols and procedures outlined in the studio space.
d. notify The Handle Bar (by email to info@handlebarcycling.com) of any change in status, including diagnosis with COVID-19 and/or quarantine, within thirty (30) days either before or following The Handle Bar class.

I *UNDERSTAND* that:

a. I am fully and personally responsible for my own safety and actions while and during participation and I recognize that I may be in any case at risk of contracting COVID-19.
b. I agree to indemnify, defend, and hold harmless The Handle Bar from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

By signing below I acknowledge that I have read the foregoing Health Declaration Form & Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

Date: _____ Class Time: _____

Name (Printed Clearly)	**Signature**