

**CORNERSTONE UNLIMITED MARTIAL ARTS
COVID-19 MITIGATION POLICIES & PROCEDURES**

Acknowledgement & Disclosure

We have instructors and students who either live with someone who is at high risk
or are themselves at high risk from COVID-19.

WE MUST ALL WORK TOGETHER TO KEEP OUR CORNERSTONE "FAMILY" SAFE.

Please understand that students and family members entering our gym will be in contact with children, families and instructors who are also at risk of community exposure. Furthermore, no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. Each family assumes all risk of attending our in person classes. *Also, each of you plays a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined below.*

EACH LINE ITEM MUST BE INITIALED BY BOTH PARENTS OR ADULT STUDENT

If it is not possible for both parents to initial, each line item must be initialed
by the Parent/Guardian responsible for bringing the student to class.

My initials indicate that I understand that:

_____ I have fully read the Cornerstone Unlimited Martial Arts *COVID-19 Mitigation Policies & Procedures*, and further that there are procedures listed therein not listed below.

_____ Students may not exchange hugs, high fives, fist bumps, etc. with anyone outside of my immediate family.

_____ Only one parent / guardian will be allowed in the gym for each family. I further understand that CUMA would prefer that I not bring other children into the gym, but if I must do so, Master Brown will assign my family a classroom to use during the class. I further understand that I alone am responsible for supervising my children, and that I will bring a quiet activity for them.

_____ Students should not enter the gym more than 5 minutes before the assigned class time.

_____ I will, at all times, maintain a minimum of 6 feet between myself and my family members and anyone who does not reside in my household. This includes in the parking lot, in the hallway and in the gym.

_____ I will wear a mask in the gym. If I do not have my own mask, CUMA will provide disposable masks. I further understand that if I prefer not to wear a mask, I must wait in my car or the parking lot.

_____ My student will wear a mask when entering and leaving the gym. I further understand that students will NOT wear a mask during class.

_____ My student will be asked to wash his or her hands upon entering the gym and before taking his or her place on the mat.

_____ That if I remain in the gym that I will immediately find a seat and remain seated for the entirety of the class. I further agree not to move the chairs or gather closer than 6 feet with any other Parent.

_____ When my student is dismissed from class, we will leave immediately.

CONTINUED

_____ **If my student, or anyone else in my family, exhibits any COVID-19 symptoms, my student will not attend class, and I will inform Master Brown.**

Symptoms include: fever of 100.4 degrees Fahrenheit or higher (PLEASE CHECK AT HOME UNTIL WE GET A THERMOMETER AT THE GYM), dry cough, shortness of breath, chills, loss of taste or smell, sore throat, muscle aches

While many of these symptoms might be non-COVID-19 symptoms, we are erring on the side of caution, and assuming they are COVID-19 at this time. These symptoms typically appear 2-7 days after being infected so please take them seriously.

_____ **If any of these situations occur, my student will not attend class, and I will inform Master Brown.**

- Anyone in my family has been exposed to someone showing symptoms of COVID-19.
- Anyone in my family has been exposed to someone who has tested positive for COVID-19, whether or not that person is showing symptoms.
- Anyone in my family has tested positive for COVID-19, whether or not he or she is showing symptoms.

_____ **That notification is required so CUMA can contact other students and instructors who had contact with my student. I further understand that my privacy will be strictly maintained.**

FAILURE TO ABIDE BY THESE POLICIES

CUMA always wants to be on the best of terms with all families, but CUMA also has a duty of care to those same families. Therefore, a willful breach of these Policies will have consequences.

My initials indicate that I understand that:

_____ **All of the Policies listed herein and in the full *COVID-19 Mitigation Policies & Procedures* will be enforced with no exceptions as long as the situation requires caution.**

_____ **If I am not willing to follow these policies, I will contact Master Brown for options.**

_____ **If I knowingly bring a student, any other family member, or anyone else representing my family, into the gym who is either showing symptoms or has been exposed to someone with the novel coronavirus, Cornerstone Unlimited Martial Arts reserves the right to take legal action if Cornerstone Unlimited Martial Arts, any students, their family members or instructors are harmed by my negligence.**

FORM MUST BE SIGNED BY BOTH PARENTS OR ADULT STUDENT
If it is not possible for both parents to sign, the form must be signed
by the Parent/Guardian responsible for bringing the student to class.

I, _____ and _____ certify that I have read, understand, and agree to comply with the provisions listed herein and in the full *COVID-19 Mitigation Policies & Procedures*.

Student Name(s):		
Parent/Guardian Signature: Adult Student Signature:		Date:
Parent/Guardian Signature:		Date: