

**COVID-19 TRANSMISSION INDEMNITY FORM**

*Please read through before signing this legal document.*

1. I acknowledge the contagious and unpredictable nature of the coronavirus disease 2019 (COVID-19) that makes it difficult to prevent transmission, and I hereby voluntarily execute this COVID-19 Transmission Indemnity Form (Indemnity) in my capacity as a mature adult

Name & ID Number:

2. I acknowledge that the Department of Health and many other public health authorities still recommend practising social distancing. Full Circle Wellness (Pty Ltd) has put in place preventative measures and other protocols to reduce the spread of the COVID-19 but, even so, Clients returning to the premises may subject themselves to the risk of being infected with COVID-19. I also acknowledge that Clients are under no obligation to attend the physical classes if they have any safety concerns.

3. I understand this is an important legal document indemnifying Full Circle Wellness (Pty Ltd) against the transmission of COVID-19 on the Company's premises and that by signing this Indemnity I hereby waive certain legal rights that may exist and that I may otherwise have against the Company and others.

4. I understand that, if at any time after my return to Full Circle Wellness (Pty Ltd), the Company learns that any employee or another client is infected with COVID-19 or has tested positive for COVID-19, the Company shall advise me of such fact but shall be under no obligation to disclose the identity of such person to me.

5. I undertake to follow and obey all rules, instructions, directions, and requirements of the Company.

6. I agree to have my temperature prior to each physical class and at intervals, as determined from time by the Company and/or as required by any Regulations issued by the Government under the Disaster Management Act, 2002 (Act No. 57 of 2002).

7. I hereby irrevocably and unconditionally release, waive, discharge and abandon any and all claims, suits, action, demand or proceeding that I may have against the Indemnified Parties with respect to death, personal injury, illness, or any other loss or harm, arising out of, resulting from, relating to or in connection with the transmission of COVID-19 at the Company.

8. If any term or provision of this Indemnity is deemed invalid or unenforceable, such term shall be deemed to be modified or limited to the extent necessary to make the term valid and enforceable.

I/WE DO HEREBY DECLARE AND CERTIFY THAT I/WE HAVE READ THIS DOCUMENT AND I/WE FULLY UNDERSTAND ITS CONTENT. I AM / WE ARE AWARE THAT THIS IS AN INDEMNITY AND RELEASE OF LIABILITY AND I/WE SIGN IT OF MY OWN FREE WILL.

Signed at \_\_\_\_\_ on \_\_\_\_\_ 2021

