



PHYSICAL THERAPY

**COVID - 19 ADDENDUM**

As an addendum to the waiver that you have previously signed with us as a member, you agree and understand the following:

By entering this facility, you are aware that you agree to fully accept all known and unknown risks, including the potential risk of exposure to respiratory illnesses such as the coronavirus (COVID-19). The coronavirus is primarily transmitted via exhaled respiratory droplets. Most often through coughing and sneezing. These droplets can travel up to six feet and are more commonly transmitted between persons rather than from equipment to persons.

Although we regularly sanitize our equipment and are presently using enhanced cleaning methods and enforcing social distancing in our facility, you understand that you may be exposed to the coronavirus or its symptoms through no fault of our own. Known coronavirus symptoms include fever, coughing, shortness of breath, pneumonia, kidney failure, and may include other symptoms, stroke or even death (collectively "Symptoms"). You understand and agree that you will hold us harmless and you will not hold us liable for any real or perceived Symptoms of COVID-19 or any other disease, illness or condition, nor for exacerbating any existing symptoms, and you fully agree to accept all risks of entering the facility, using the equipment, working with personal trainers, attending classes, and/or interacting with or being exposed to other members.

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*Signature of Patient*

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*Date*

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*Printed Name*

[P] 253.844.4137  
[F] 253.844.4138

3819 6th Avenue  
Tacoma, WA 98406

info@a2pt.family  
www.a2pt.family