



ROGUE

PHYSICAL THERAPY & WELLNESS

Member COVID-19 Self-screening and Indemnification

We are following current federal and state guidelines for the collective safety of our members and employees regarding Covid. Currently, this means we are wearing masks while in Rogue. Please isolate and get tested if you have symptoms or have been exposed to someone that has tested positive for Covid. Public Health Officials highly recommend getting vaccinated and boosted.

COVID-19 is a highly contagious infectious disease caused by the coronavirus. Please review and complete this document.

By initialing below, you agree to self-monitor your health regarding a Covid infection.

<i>COVID-19 Disclosure</i>	<i>Initial All Boxes</i>
I have not experienced any COVID-19 symptoms for the last 10 days. This includes coughing, shortness of breath or difficulty breathing, fatigue, fever, sore throat, or (new) loss of taste or smell.	
I have not traveled to any highly impacted areas in the United States within the last 10 days, nor has any member of my household.	
I have not traveled internationally within the last 10 days, nor has any member of my household.	
I have not had a positive test for COVID-19 within the last 10 days.	
I have not to my knowledge been exposed to someone who has been suspected or has been confirmed to have a case of COVID-19 in the last 10 days.	
To the best of my ability, I am following public health agencies' recommended guidelines and limiting my exposure to COVID-19.	



Indemnification

As a condition of receiving services from us, you agree to indemnify, hold harmless, protect and defend, and unconditionally release, acquit, waive and forever discharge Rogue Physical Therapy & Wellness, Inc. (Rogue PT), its employees, and its representatives from any and all claims, liabilities, losses, damages, suits, costs, and expenses (including reasonable attorney's fees) relating to your failure to follow our instructions, or relating to any act, or failure to act by Rogue PT, its employees, and its representatives, or that may otherwise be connected to this entity as it relates to COVID-19.

You agree to assume all associated risks of injury, or death associated with COVID-19. The terms of this indemnification policy shall survive the expiration date of any participation at Rogue PT.

You understand that Rogue PT cannot guarantee that you will not become infected with COVID-19 upon entrance into its facility. You voluntarily seek out the exercise services offered by Rogue PT and acknowledge that you may be increasing your risk of exposure to COVID-19. You understand that you must comply with all of Rogue PT's policies and procedures to reduce the spread of COVID-19 while attending your class or 1:1 appointment.

Acknowledgment and Agreement

This document has been explained to me and I fully understand its contents. By signing below, I agree to each statement and release Rogue Physical Therapy & Wellness from any and all liability for the unintentional exposure or harm due to COVID-19.

Date

Signature

I received a full vaccination (one or two shots as prescribed as full vaccination for that type):
Date: _____

I received a booster shot for Covid: Date _____