Effective Date: July 20, 2020 Online and In-Person Class Schedule

	Mon	Tue	Wed	Thu	Fri	Sat
	In-Person / Online		Online		In-Person / Onlin	Online
Private	Private Lesson	Private Lesson	Private Lesson	Private Lesson	Private Lesson	11:10-12:00 Teen & Adult
Lesson	2:30-2:45	2:30-2:45	2:30-2:45	2:30-2:45	2:30-2:45	
Appointment	3:00-3:15	Pee Wee	3:00-3:15	Pee Wee	3:00-3:15	
Only	3:25-3:40	3:30-3:55	3:25-3:40	3:30-3:55	3:25-3:40	
4:10-4:50	White- Blue	Purple -Red	White- Blue	Purple -Red	White- Blue	
5:05-5:45	Brown & J.Black	Black Belt	Brown & J.Black	Black Belt	Purple - J.Black	
6:00-6:40	Private Lesson 6:10-6:25	Family Class Up to 3 family member		Family Class Up to 3 family member	Private Lesson 6:10-6:25 6:35-6:50	
7:30-8:20	Teen & Adult		Teen & Adult	Teen & Adult		

1. Please reserve your spot on the link provided (first come, first serve basis):

https://docs.google.com/spreadsheets/d/lp7qDhIEIffdDKstD3tUPL4QDfYruoN2g-nA-uBCOs5E/edit?usp=sharing

- 2. In-Person Class Reservation is up to 6 people maximum.
- 3. Private Lesson will be through appointment only (Each private lesson session is \$15 extra)
- 4. This schedule is only until end of August.

Lim's Tae Kwon Do COVID-19 Screening Questionnaire and Waiver July 2020

1. Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms?
Yes \square No \square Fever (100.4° F/37.8° C or greater as measured by a non-contact thermometer at the school)
Yes □ No □Cough
Yes □ No □Shortness of breath or difficulty breathing
Yes □ No □Sore throat
Yes ☐ No ☐New loss of taste or smell
Yes □ No □Chills
Yes □ No □Head or muscle aches
Yes □ No □Nausea, diarrhea, vomiting
2. In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or ha experienced any of the above symptoms since your contact? Yes □ No □
3. In the past 14 days, have you been in close contact with anyone who has tested positive for COVID-19? Yes \Box No \Box
4. Have you been tested for COVID-19 and are waiting to receive test results? Yes \square No \square
CONSENT FORM FOR TRAINING
I,, hereby on this date,//2020, choose to continue my training
at Lim's Tae Kwon Do Club. I understand that there are risks associated with my participation and I fully accept and release the owner and staff from any responsibility related to any likelihood of contractingCOVID-19 during my training sessions. In answering the questions above, I confirm that I have not tested positive for COVID-19 nor do I have any symptoms currently related to COVID-19. I am also truthfully stating that I have not travelled out of the US or to any current US hotspots in the last 4 weeks, nor have I had any contact with anyone who has symptoms of COVID-19, including those described above.
Student Name:
Parent/Legal Guardian Name:
Parent/Legal Guardian Signature:

*THIS LIABILITY AND WAIVER RELEASE: I voluntarily seek services at Lim's Tae Kwon Do Club and acknowledge that I am increasing my risk of exposure to COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my training sessions. I hereby release and agree to hold Lim's Tae Kwon Do Club harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses, and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the school, or that may otherwise arise in any way in connection with any services received from Lim's Tae Kwon Do Club. I understand that this release discharges Lim's Tae Kwon Do Club from any liability or claim that I, my heirs, or any personal representatives may have against the school with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Lim's Tae Kwon Do Club.

This liability waiver and release extends to the school together with all owners, partners, and employees.