



National School of Martial Arts

San Antonio, Texas

Do you have any flu like symptoms?

Fever, chills, cough, shortness of breath, body aches?

Yes / No

Have you been in contact with anyone who has had these symptoms in the past 4 weeks?

Yes / No

CONSENT FORM FOR National School of Martial Arts Training.

I, _____ hereby on this date of ____/____/2020 am choosing to continue my training at the National School of Martial Arts. I understand that there are risks associated with my participation and I fully accept and release the owner and the staff at NSMA, LLC from any responsibility related to any likelihood of contracting COVID-19. I fully 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 had any contact with anyone who may have any symptoms concurrent with COVID-19, including but not limited to fever, cough, nausea, diarrhea, vomiting, shortness of breath, etc.

Student Name: _____

Parent Name: _____

Patient Signature: _____