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### COVID-19 Waiver

I attest to the following:

1. I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, headache, sore throat, or new loss of taste or smell.
2. I have not traveled internationally within the last 14 days.
3. I have not traveled to a highly impacted area within the United States of America in the last 14 days.
4. I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
5. I have not been diagnosed with Coronavirus/COVID-19 by state or local public health authorities.
6. I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that LTSC Community Development Corporation and Budokan Inc.(collectively “LTSC CDC”) have put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I acknowledge that I must comply with all such procedures to reduce the spread while on premise.

I further acknowledge that LTSC CDC cannot guarantee that I will not become infected with the Coronavirus/COVID-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, LTSC CDC staff, and other Terasaki Budokan visitors and their families.

I voluntarily visited Terasaki Budokan and acknowledge that by doing so I knowingly increased my risk of exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold LTSC CDC 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 facility, or that may otherwise arise in any way in connection with any services received from LTSC CDC . I understand that this release discharges LTSC CDC from any liability or claim that I, my heirs, or any personal representatives may have against the facility 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 LTSC CDC. This liability waiver and release extends to the facility together with all owners, partners, and employees.

For Participants Under Age 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her waiver as provided above.

**Signature page follows**



**Terasaki  
Budokan**

A Project of  
**Little Tokyo  
Service Center**

**By signing I agree to the terms on page 1 of this form**

**Print name of participant:**

**Signature or Parent/Guardian Signature (For participants under age 18):**

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Date

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