

# GENBUKAN UNRYU DOJO

## TRADITIONAL JAPANESE MARTIAL ARTS

- UNARMED | SWORD | STAFF -

### COVID-19 PROTOCOL

Dear Students,

I hope this finds you and your loved ones safe and healthy.

I don't think we're ready to resume "normal" training yet, but I do think with the appropriate protocols in place we can resume in-person training. What does this mean? We can train together if we are willing to do things a little differently and accept certain limitations. We have learned from Soke that, at the present time, health and safety protocols are part of our self-defense repertory.

Below are the protocols we will use during in-person classes:

1. We will train outside, where there is fresh air and ample space for correct social distancing.
2. We will only attend class if we feel safe, healthy, and non-contagious.
3. We will submit to a COVID-19 screening and temperature check before class begins.
4. We will maintain safe social distancing (6 ft. min.) before, during, and after class, and increase physical distance to about 12 ft. during actual training.
5. We will supply and, when appropriate, wear a mask, especially when facing others.
6. We will use our own training tools – if someone mistakenly touches one of our tools, we will disinfect before using it.
7. We will focus our training on tandoku patterns and, to the extent possible, face in the same direction when practicing patterns.
8. We will reduce the duration of class to between 60 and 75 minutes.

As I said, our in-person training experience will be different than normal. For example, the emphasis on tandoku patterns will be a big change for us. For my part, I challenge myself to provide you with more and varied tandoku patterns, so your training remains challenging.

This is clearly an extraordinary time in our history, one that calls for extraordinary measures. However, this extraordinary time also presents some new opportunities. Let us embrace this new situation, growing from the new challenges and seizing the new opportunities.

I look forward to seeing you again very soon!

Mark J. Toth,  
Dojocho and Head Instructor  
Genbukan Unryu Dojo

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### COVID-19 SCREENING

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions to which Genbukan Unryu Dojo adheres. In order to protect our instructors, students, and guests, and their families, we are asking about your symptoms and possible exposure to, or recovery from, COVID-19.

1. Do you have a fever?

- No  Yes

2. Do you currently have symptoms of lower respiratory illness, e.g., cough or shortness of breath?

- No  Yes

3. Are you experiencing any other NEW symptoms which may be associated with COVID-19?

Please select all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> None                   | <input type="checkbox"/> Loss of appetite   |
| <input type="checkbox"/> Fatigue                | <input type="checkbox"/> Diarrhea or nausea |
| <input type="checkbox"/> Muscle aches and pain  | <input type="checkbox"/> Sore Throat        |
| <input type="checkbox"/> Loss of smell or taste | <input type="checkbox"/> Runny Nose         |

4. In the past 30 days, have you or anyone in your household traveled internationally or domestically?

- No  Yes \*

5. In the past 30 days, have you been in close contact with someone under investigation for, or with a confirmed case of COVID-19?

- No  Yes \*

6. In the past 30 days, have you or someone in your household been diagnosed, tested, or quarantined under a doctor's orders for COVID-19?

Please select all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> No  | <input type="checkbox"/> I was tested, I am waiting for my results   |
| <input type="checkbox"/> A doctor ordered me or someone in my home to quarantine for possible COVID-19 * | <input type="checkbox"/> Someone at home has fever, cough or difficulty breathing but has not been diagnosed * |
| <input type="checkbox"/> I or someone in my home tested positive *                                       |  |

\* If you have been exposed to a confirmed or suspected case of COVID-19 or diagnosed with COVID-19, have you been cleared as non-contagious by state or local public health authorities or the health care provider responsible for your treatment?

- No  Yes

Thank you for completing this COVID-19 screening!

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### LIABILITY WAIVER AND RELEASE OF CLAIMS

I derive a benefit from participating in or attending a Genbukan Unryu Dojo-sponsored class, seminar, or other activity (hereafter, "DOJO EVENT") and acknowledge that I engage in these events willingly and of my own volition.

#### RELEASE AND WAIVER

I hereby release, waive and forever discharge any and all liability, claims, and demands of whatever kind or nature against Genbukan Unryu Dojo, its Dojocho/Director, instructors, employees, volunteers, and partners, as well as the property owner, if different than the aforementioned (hereafter, the "RELEASED PARTIES"), either in law or in equity, to the fullest extent permissible by law, including but not limited to damages or losses caused by the negligence, fault or conduct of any kind on the part of the RELEASED PARTIES, including but not limited to death, bodily injury, illness, economic loss or out of pocket expenses, or loss or damage to property, which I, my heirs, assignees, next of kin and/or legally appointed or designated representatives, may have or which may hereinafter accrue on my behalf, which arise or may hereafter arise from my participation in a DOJO EVENT.

#### ASSUMPTION OF RISK

I acknowledge and understand the following:

1. Participation in/attendance at a DOJO EVENT includes possible exposure to and illness from infectious diseases, including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, a risk of serious illness and death does remain;
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the RELEASED PARTIES; and
3. I hereby knowingly assume the risk of injury, harm, and loss associated with my participation in/attendance at a DOJO EVENT, including any injury, harm, and loss caused by the negligence, fault or conduct of any kind on the part of the RELEASED PARTIES.

#### MEDICAL TREATMENT AND RELEASE

Moreover, I acknowledge the health risks associated with my participation in/attendance at a DOJO EVENT, including but not limited to transient dizziness, lightheaded, fainting, nausea, muscle cramping, musculoskeletal injury, joint pains, sprains and strains, heart attack, stroke, or sudden death. I agree that if I experience any of these or any other symptoms during my participation in/attendance at a DOJO EVENT I will discontinue my participation/attendance immediately and seek appropriate medical attention. I do hereby release and forever discharge the RELEASED PARTIES from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my participation in/attendance at a DOJO EVENT.

#### DUTY TO SELF-MONITOR

Finally, everyone participating in or attending a DOJO EVENT is asked to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and notify the Dojocho/Director if they experience symptoms of COVID-19 within 14 days after the DOJO EVENT.

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### LIABILITY RELEASE WAIVER

By signing below, I acknowledge that:

- I have read and understand the COVID-related documents, i.e.,
  - COVID-19 PROTOCOL,
  - COVID-19 SCREENING, and,
  - LIABILITY WAIVER AND RELEASE OF CLAIMS;
- I am at least eighteen (18) years old and fully competent to give my consent;
- I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed;
- I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_