



Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, restricted the number of people allowed to congregate indoors.

We, the Wellbeing Pilates Studio, have put in place all necessary preventative measures to reduce the spread of COVID-10; however, Wellbeing Pilates Studio and its employees cannot guarantee that you will not become infected with COVID-19. Further, attending our Studio could increase your risk and your child(ren)'s risk of contracting COVID-10.

By signing this agreement, I _____ acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending the Wellbeing Pilates Studio and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand the risk of becoming exposed to or infected by COVID-19 at the Wellbeing Pilates Studio may result from actions, omissions, or negligence of myself and others, including, but not limited to, the Wellbeing Pilates Studio employees, clients and class participants.

I voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance and participation in classes and private sessions at Wellbeing Pilates Studio. I hereby release, covenant not to sue, discharge, and hold harmless Wellbeing Pilates Studio, its employees, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Wellbeing Pilates Studio, its employees, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Wellbeing Pilates Studio program.

I voluntarily agree to forgo participation and attendance at the Wellbeing Pilates Studio if I have any of the following confirmed COVID-19 symptoms:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

This list is not all possible symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting or diarrhea.

I voluntarily agree to notify and inform Wellbeing Pilates Studio if I have tested positive for COVID-19 after attending and participating in class at Wellbeing Pilates Studio. I acknowledge that my identity will remain confidential after notifying the Wellbeing Pilates Studio of a positive COVID-19 test.

Signed: _____.

Date: _____



@wellbeingpilatesstudio

#getreformed #ivebeenreformed