

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, prohibited the congregation of groups of people.

ALOTAPILATES has put in place preventative measures to reduce the spread of COVID-19; however, ALOTAPILATES cannot guarantee that you will not become infected with COVID-19. Further, attending lessons at ALOTAPILATES could increase your risk, and your family member's risk of contracting COVID-19.

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 lessons at ALOTAPILATES and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at ALOTAPILATES may result from the actions, omissions, or negligence of myself and others, including, but not limited to, ALOTAPILATES instructors and other studio participants.

I voluntarily agree to assume all of 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 private sessions at ALOTAPILATES ("Claims"). I hereby release, covenant not to sue, discharge, and hold harmless ALOTAPILATES, its employees, agents, 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 ALOTAPILATES, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any ALOTAPILATES program.

I voluntarily agree to forgo participation and attendance at ALOTAPIATES 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 does not include 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 ALOTAPIATES STAFF if I have tested positive for COVID-19 after attending and participating in class at ALOTAPIATES. I acknowledge that my identity will remain confidential after notifying ALOTAPIATES of a positive COVID-19 test.

CLIENT NAME (PLEASE PRINT)

CLIENT SIGNATURE

DATE
