

Angelina Pilates, LLC

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.

Angelina Pilates, LLC has put in place preventative measures to reduce the spread of COVID-19. However, despite these measures, attending Angelina Pilates could still increase your risk and your family's risk of contacting 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 Angelina Pilates 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 Angelina Pilates may result from the actions, omissions, or negligence of myself and others; including but not limited to Angelina Pilates employees, clients, and session 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 sessions and classes at Angelina Pilates. I hereby release, covenant not to sue, discharge, and hold harmless Angelina Pilates, its employees, agents, and representatives, of and from the Claims, including all liabilities, claim, 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 Angelina Pilates, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Angelina Pilates program.

I voluntarily agree to forgo participation and attendance at Angelina Pilates 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
- Diagnosed with COVID-19 (have not recovered or are still within the required 14-day quarantine), have symptoms of COVID-19 within the last 24 hours, or had contact with a person who has or is suspected to have COVID-19 within the last 14 days.

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 Angelina Pilates if I have tested positive for COVID-19 after attending and participating in sessions at Angelina Pilates. I acknowledge that my identity will remain confidential after notifying Angelina Pilates of a positive COVID-19 TEST.

Client Signature

Date