



**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.

Avenue Pilates & Fitness has put in place preventative measures to reduce the spread of COVID--19; however, Avenue Pilates & Fitness and its staff cannot guarantee that you will not become infected with COVID--19. Further, attending Avenue Pilates & Fitness could increase your risk and your child(ren)'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 Avenue Pilates & Fitness 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 Avenue Pilates & Fitness may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Avenue Pilates & Fitness staff, clients and class 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 classes and private sessions at Avenue Pilates & Fitness ("Claims"). I hereby release, covenant not to sue, discharge, and hold harmless Avenue Pilates & Fitness, 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 Avenue Pilates & Fitness, its staff, agents, and representatives, whether a COVID--19 infection occurs before, during, or after participation in any Avenue Pilates program.

**HAVE YOU RECENTLY BEEN WITH SOMEONE WHO TESTED POSITIVE FOR COVID-19**

YES / NO

Date: \_\_\_\_\_

**HOW LONG HAVE YOU BEEN IN QUARANTINE?**

LENGTH OF TIME \_\_\_\_\_

**HAVE YOU TESTED POSITIVE FOR COVID-19?**

YES / NO

Date: \_\_\_\_\_

**IF YOU ANSWERED YES WHEN WERE YOU RE-TESTED AND DID YOUR TEST COME BACK NEGATIVE?**

YES / NO

Date: \_\_\_\_\_

I voluntarily agree to forgo participation and attendance at Avenue Pilates & Fitness 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 Avenue Pilates & Fitness management if I have tested positive for COVID--19 after attending and participating in class at Avenue Pilates & Fitness. I acknowledge that my identity will remain confidential after notifying Avenue Pilates & Fitness of a positive COVID--19 test.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date