



COVID-19 Liability Waiver

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 large groups of people.

ShapeShift Pilates Studio has put in place preventative measures to reduce the spread of COVID-19; however, the studio **cannot guarantee** that you will not become infected with COVID-19. Further, attending the studio could increase your risk of contracting COVID-19.

I voluntarily seek services provided by ShapeShift Pilates and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

***I attest that:**

I, nor members of my household, have not experienced any of the symptoms listed above within the last 14 days.

I, nor members of my household, have not travelled internationally in the last 30 days.

I, nor members of my household, have not traveled to a highly impacted area within the United States of America in the last 30 days.

I, nor members of my household, do not believe that we have been exposed to someone with a suspected and/or confirmed case of the Coronavirus (COVID-19).

I, nor members of my household, have not been diagnosed with the Coronavirus (COVID-19) within the last 30 days.

ShapeShift Pilates Studio cannot be held liable from any exposure to the Coronavirus (COVID-19) caused by misinformation on this form or the health history provided by each client.

If I take any steps to make a claim for damages against ShapeShift Pilates Studio, its owners, employees, or any other released parties, I shall be obligated to pay all attorney's fees and costs incurred as a result of such claim



By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending ShapeShift Pilates Studio 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 the studio may result from the actions, omissions, or negligence of myself and others, including, but not limited to, ShapeShift employees, clients, and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (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 at ShapeShift Pilates Studio. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless ShapeShift Pilates Studio, its employees, owners, 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 the studio, its employees, owners, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any ShapeShift Pilates Studio program.

Print Name

Signature

Date