

Steele 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.

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

I voluntarily agree to forgo participation and attendance at **Steele Pilates, LLC** if I have any of the following confirmed *COVID-19 symptoms*:

Cough

Shortness of breath or difficulty breathing

Fever

Chills

Muscle pain

Sore throat

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 **Steele Pilates, LLC** management if I have tested positive for COVID-19 after attending and participating in class at **Steele Pilates, LLC**. I acknowledge that my identity will remain confidential after notifying **Steele Pilates, LLC** of a positive COVID-19 test.

Client Signature

Date

309 W. 57th Street, Suite 305 NYC, NY 10019