

First and Last Name: _____

Directions:

Initial each paragraph in the space provided, sign and date the document, and return to the studio via email if possible. If form is completed on paper, please place in an envelope with your name on the outside, and return to your instructor at the start of your next class.

General

___ I understand that exercise includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. I assume full responsibility for any and all damages, which may incur through participation.

___ Yoga, Pilates, or any form of structured exercise is not a substitute for medical attention, examination, diagnosis or treatment. These activities are not recommended and are not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to participate and participation is at my own risk.

___ I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Lake Anna Wellness Studio, its owners, employees, contractors, and agents of all liability related to any of my activities in studio or any of its activities at any location.

COVID-19

___ I am aware of the global pandemic known as COVID-19, also commonly referred to as the "Coronavirus." I am aware of the health risks associated with this disease. I am informed and aware of the very contagious nature of COVID-19 and the need to follow all government guidelines and the guidelines set out and updated regularly by the Center for Disease Control (CDC). I understand and am aware that COVID-19 has a very long incubation period during which carriers of the virus may not show symptoms and still may be highly contagious. It is impossible to determine who has it and who does not, given the current limits on testing.

___ I understand that the practice of yoga, Pilates, private training, or massage in the studio may put me and others in a close proximity and may increase the risk of spread of COVID-19. I recognize and acknowledge that Lake Anna Wellness Studio has done everything in its power to clean all surfaces thoroughly and according to all CDC and Virginia Health Department guidelines. However, I recognize and acknowledge that, due to the contagious nature of COVID-19, I could be unintentionally exposed to COVID-19.

___ In the last 30 days, I have not had any of the following symptoms: temperature above 98.7 degrees Fahrenheit, shortness of breath, loss of sense of taste or smell, cough, sore throat.

___ I confirm that I have not been around anyone with these symptoms in the last 30 days.

___ I verify that I have not travelled outside the United States in the last 30 days.

___ I verify that I have not travelled domestically within the United States by commercial airline, bus, or train within the last 14 days.

___ I confirm that I have not tested positive for COVID-19, have not been treated for COVID-19 nor do I have any reason to believe that I have or have had COVID-19 in the last 30 days.

___ I do not live with anyone who is sick, quarantined, has tested positive for COVID-19 or has been treated for COVID-19 in the last 30 days.

___ To prevent the spread of contagious viruses and to help protect others using its facilities, I understand and agree to follow all guidelines and policies that Lake Anna Wellness Studio has put in place to maintain a clean and safe environment and to limit the exposure of COVID-19 to all staff and patrons.

___ I understand the requirement to maintain social distance from all staff and others enjoying Lake Anna Wellness Studio, and I agree to abide by this distancing requirement at all times while I am here. I understand and acknowledge that massage requires touch and confirm that I accept this necessity to receive the service.

___ I knowingly and expressly assume the risk of potential exposure to COVID-19 and release Lake Anna Wellness Studio, its owners, employees, contractors, and agents of all liability related to any exposure to COVID-19 that I may have at its studio or at any of its activities.

I have read and fully understand and agree to the above terms of this Waiver of Liability. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the Commonwealth of Virginia. I have read and agree to the terms of this entire agreement.

Signature: _____ Date: _____