

**Boulevard Pilates (Boulevard Pilates Inc.)**

**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 government and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

**Boulevard Pilates Inc. (Boulevard Pilates Studio)** has put in place preventive measures to reduce the spread of COVID-19; however, **Boulevard Pilates (Boulevard Pilates Inc.) cannot guarantee** that you will not become infected with **COVID-19**.

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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 attending the Boulevard Pilates Studio and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of omission, or negligence of myself and others, including, but not limited to, Boulevard Pilates Studio and all participants.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury (not limited to, disability, and death), illness, damage, loss, claims, liability, or expense, of any kind in connection with reservation and attendance of Pilates Fitness Classes.

I hereby release, covenant not to sue, discharge, and hold harmless **Boulevard Pilates Inc.**, its owners, 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 Boulevard Pilates Inc. its owners, agents and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Boulevard Pilates Studio program.

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Signature of student/client

Date

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Print Name of student/client