

2023 COVID-19/CORONAVIRUS INFORMED CONSENT AND WAIVER FORM

We are in the midst of unusual challenges to our health and wellness, particularly with the risk of COVID-19 and other illnesses. Body Resolution, LLC is doing everything possible to comply with recommendations set forth by the Centers for Disease Control (CDC) and the Arizona Department of Health (AZDHS). It is the responsibility of the client to determine if the risks are acceptable. If they are not, PLEASE WAIT until you are comfortable with the environment we provide. Please do not return to classes until you are ready to accept the inherent risks associated with potential exposure to COVID-19 and other illnesses. If you decide to start or return to classes, please read the following policies and sign this form, thereby indicating that you have read, understand, agree, and do not hold Body Resolution, LLC responsible for exposure to COVID-19 and other illnesses. Thank you in advance for your support and encouragement during this time of opportunity to focus on what is most important for our families and community.

I understand and agree to each of the following policies/procedures:

- Limited capacity in studio (Max 12 – including instructors)
- Anyone with a temperature of 100.0 degrees F or greater will not be allowed to enter
- Anyone who has been in direct contact with someone diagnosed as having COVID-19 will be allowed to enter with a mask with a negative COVID-19 test result and are symptom free
- Physical distancing at least six feet apart during workouts (exceptions: same household)
- Wearing face masks are highly recommended if unable to maintain six feet apart
- It is recommended that you bring your own water bottle, towel, and mat
- Everyone should wash their hands or use hand sanitizer frequently
- Staff and clients will disinfect common area surfaces frequently throughout the day
- I guarantee that I am COVID-19 symptom free, are unlikely to have been exposed to the virus, and will not enter the studio with COVID-19 symptoms or any other illness
- There will be no unnecessary physical contact among staff and clients, except within the scope of service/practice or to ensure safety
- I will help in whatever ways I can to create a safe and positive exercise environment

I am choosing to begin/resume exercise at Body Resolution, LLC. I knowingly and voluntarily agree to this waiver for myself, my heirs, executors, assigns, and personal representatives. I hereby waive any and all rights, claims, or causes of action arising from any contraction or infection of the COVID-19 virus as a result of my participation in Body Resolution, LLC activities and I hold harmless Body Resolution, LLC (including their employees, members, agents, and representatives). I understand there are inherent risks associated with exercising and potential exposure to COVID-19, and I accept all known dangers and risks. I confirm that I do not have symptoms of a fever, nausea, diarrhea, muscle aches, vomiting, shortness of breath, loss of smell/taste, etc.

Printed First and Last Name

Signature

Date