Client Release of Liability–Covid-19 Addendum

This is a Client-Teacher Compact. We, the teachers at Alexander Pilates, will also adhere to the following. We must protect each other in this unprecedented time.

Client is aware of the current outbreak of the Covid-19 virus (Coronavirus), now classified by the World Health Organization (WHO) as a pandemic, which may pose an adverse impact to clients’ health and safety. In order to participate in the services offered at Alexander Pilates, LLC. I agree to the following:

* I will not come to the studio if I have a fever or have had any of these symptoms for last 21 days:

Fever of greater than 100.0

Cough

Shortness of Breath

Loss of sense of smell or tastes

Severe headache

Sore throat

* I will not come to the studio for 21 days if I test positive for Covid-19.

• I will not come to the studio if I come in close\*\* contact with someone who has been quarantined, tested or diagnosed with Covid-19 in the past 14 days

• I will maintain social distance as much as possible.

• I will wear a well-fitting mask inside the Alexander Pilates studio for the entire duration of my visit. If I need a mask break, I may step outside and by touching only the ear loops on my mask, will take a short break outside. Bandanas, neck gaiters and masks with exhalation valves may not be worn, as they are not effective in preventing transmission to other people.

\*\*Close is defined as a) being within approximately 6 feet of a person with Covid-19 (such as caring for or visiting the patient; or sitting within 6 feet of the patient b) being coughed on, touching used tissues, etc.

Acknowledgement of Terms Agreement

I have read the preceding and acknowledge full understanding of its terms and those risks set forth herein and I knowingly agree to accept full responsibility for my own exposure to such risks and to waive full responsibility and liability on behalf of Alexander Pilates L.L.C, and its employees and contractors. I understand the policies and procedures set forth by Alexander Pilates, L.L.C. and have had the opportunity to discuss my specific needs in relation to participatory activity and, as a result, I do knowingly and voluntarily request the right to participate in this preventive program of exercise. I sign this agreement voluntarily and with full knowledge of its significance.

Client’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_