

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

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

- Cough or sore throat
- Shortness of breath or difficulty breathing
- Fever or chills
- Muscle pain
- New loss of taste or smell

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

Client Signature Date