

Peak Performance Pilates, LLC

COVID-19 INFORMED CONSENT TO ACTIVITIES

I understand that the novel Coronavirus (COVID-19) has been declared a global pandemic by the World Health Organization (WHO). I further understand that COVID-19 is extremely contagious and may be contracted from various sources. I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

I understand that I am the decision maker for my health care and activities. Given the current limitations of COVID-19 virus testing, I understand determining who is infected with COVID-19 is exceptionally difficult.

To proceed with Pilates, I confirm and understand the following (Initial in all places provided).

I understand Pilates may create circumstances, such as discharge of respiratory droplets or person-to-person contact, in which COVID-19 can be transmitted. _____

I understand that I am opting for an elective session. While I understand the potential risks associated with working out during the COVID-19 pandemic, I agree to proceed with Pilates at this time. _____

I understand due to the frequency of appointments with clients, the attributes of the virus, and the characteristics of working out, I may have elevated my risk of contracting COVID-19 simply by being in a public space, and being in a public space like a Pilates' studio. _____

I confirm I am not experiencing any of the following symptoms of COVID-19 listed below:

•Fever •Headache •Dry Cough •Sore Throat •Fatigue/Tiredness _____

•Eye pain, discomfort, sensitivity to light. Red eyelids, rim of eyes. _____

•Shortness of Breath •Chest tightness. •Low pulse ox _____

•Runny or stuffy nose •Loss of taste and/or smell •Dizziness _____

•Kidney problems •Strokes, blood clotting. _____

“Arthritis toes or fingers” “discolored toes or fingers” _____

•Nausea, diarrhea, stomach or intestinal discomfort. _____

I understand that travel increases my risk of contracting and transmitting the COVID-19 virus. I verify that I have NOT in the past 14 days traveled: 1) Outside of the United States or 2) Domestically within the US by commercial airline, bus or train. I have not been with someone who has traveled in the last 14 days. _____

I have not been with a person (or in a place) who has the COVID-19 or been tested positive with COVID-19 in the last 20 days. I understand that I may pose a risk to others if I have been with a COVID-19 positive person, or in a place where a positive person has been. _____

I am informed that you and your teachers have implemented preventative measures intended to reduce the spread of COVID-19. However, given the nature of the virus, I understand there may be a risk of becoming infected with COVID-19 through this facility and give my express permission to you and the teachers to proceed with providing Pilates and other programs to me.

I have been offered a copy of this consent form.

Addendum to the Waiver you have previously signed with us as a member, you agree and understand the following:

By entering this facility, you are aware that you agree to fully accept all known and unknown risks, including the potential risk of exposure to respiratory illnesses such as the coronavirus (Covid-19). The coronavirus is primarily transmitted via exhaled respiratory droplets, most often through coughing and sneezing. These droplets can travel up to six - twelve feet and are more commonly transmitted between persons rather than equipment to persons.

Although we regularly sanitize our equipment and presently are using enhanced methods and enforcing social distancing in our facility, you understand that you may be exposed to the coronavirus or its symptoms through no fault of our own. Known coronavirus symptoms include fever coughing, shortness of breath, pneumonia, kidney failure, and may include other symptoms, stroke or even death (collectively "symptoms.")

You understand and agree that you will hold us harmless and you will not hold us liable for any real or perceived Symptoms of Covid-19 or any other disease, illness or condition, nor for exacerbating any existing symptoms, and you fully agree to accept all risks of entering the facility, using the equipment, working with teachers, attending classes, and/or interacting or being exposed to other members.

I KNOWINGLY AND WILLINGLY CONSENT TO PILATES AND WORKOUT WITH THE FULL UNDERSTANDING AND DISCLOSURE OF THE RISKS ASSOCIATED WITH ACTIVITIES DURING THE COVID-19 PANDEMIC. I CONFIRM ALL OF MY QUESTIONS AND ANSWERS WERE ANSWERED TO MY SATISFACTION.

I HAVE READ, OR HAVE BEEN READ TO ME, THE ABOVE COVID-19 RISK INFORMED CONSENT TO DO ACTIVITIES. I APPRECIATE THAT IT IS NOT POSSIBLE TO CONSIDER EVERY POSSIBLE COMPLICATION TO DOING ACTIVITIES. I HAVE ALSO HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT ITS CONTENT, AND BY SIGNING BELOW, I AGREE WITH THE CURRENT OR FUTURE RECOMMENDATIONS FOR ACTIVITIES DEEMED APPROPRIATE FOR THE CIRCUMSTANCE. I INTEND FOR THIS CONSENT TO COVER THE ENTIRE COURSE OF ACTIVITIES FROM ALL TEACHERS, IN THIS STUDIO.

CLIENT SIGNATURE	NAME	DATE
CLIENT GUARDIAN SIG	NAME	DATE
WITNESS SIGNATURE	NAME	DATE