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Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared world-wide pandemic by the World Health Organisation. 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, restricted the number of people allowed to congregate indoors.

We, Pilatestry Studios, have put in place all in necessary preventative measures to reduce the spread of COVID-19; however, Pilatestry Studios and its staff cannot guarantee you will not become infected with COVID-19. Further, attending our Studio could increase your risk and your child(ren)'s risk of 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 a COVID-19 by attending Pilatestry Studios and that such exposure or infection may result in personal injury, illness, permanent disability and death. I understand the risk of becoming exposed to or infected by COVID-19 at Pilatestry Studios may result from actions, omissions or negligence of myself and others including, but not limited to, the Pilatestry Studios staff, clients and class participants.

I voluntarily free to assume all the foregoing risks and accept some responsibility for any injury (including but not listed 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 Pilatestry Studios. I hereby release, covenant not to sue, discharge, and hold harmless Pilatestry Studios, its staff, and representatives, of and from the claims including all liabilities, claims, actions, damages, cost or expenses of any kind arising out of or relating there to. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Pilatestry Studios, its staff, and representatives whether a COVID-19 infection occurs before, during, or after participation in Pilatestry Studios program.

I voluntarily agree to forego participation and attendance at Pilatestry Studios if I have any of the following confirmed COVID-19 symptoms.

- Cough
- Shortness of breath and/or difficulty breathing
- Fever or chills
- Muscle pain
- Sore throat
- 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 diarrhoea.

I voluntarily agree to notify and inform Pilatestry Studios if I have tested positive for COVID-19 after attending and participating in class at Pilatestry Studios. I acknowledge that my identity will remain confidential after notifying Pilatestry Studios of a positive COVID-19 test.

Signed: _____

Date: _____

