



Gazelle Pilates, LLC
4351 Van Nuys Boulevard
Sherman Oaks, CA 91403

COVID- 19 Agreement of Release & Waiver of Liability

Gazelle Pilates, LLC and anyone else involved in the operations of the studio's premises, including but not limited to, instructors, visiting faculty and staff (are hereinafter referred to as "Gazelle Pilates, LLC").

COVID-19 Common Symptoms, as per WHO:

Fever

Dry Cough

Tiredness

I agree to the following:*

1. I understand the aforementioned COVID-19 symptoms.
2. I affirm that neither I, nor any member of my household, currently has or has experienced the aforementioned symptoms within the past 14 days. Furthermore, I will immediately inform Gazelle Pilates, LLC and discontinue classes if I, or any member of my household, develops any of the aforementioned symptoms.
3. I affirm that neither I, nor any member of my household, has been diagnosed with COVID-19 within the past 30 days. Furthermore, I will immediately inform Gazelle Pilates, LLC and discontinue classes if I, or any member of my household, is diagnosed with COVID-19.
4. I affirm that neither I, nor any member of my household, has knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days. Furthermore, I will immediately inform Gazelle Pilates, LLC and discontinue classes if I, or any member of my household, is knowingly exposed to anyone diagnosed with COVID-19.
5. I affirm that neither I, nor any member of my household, has traveled outside of the country or to any city considered to be a "hot spot" for COVID-19 infections within the past 30 days. Furthermore, I will immediately inform Gazelle Pilates, LLC and discontinue session once I, or any member of my household, returns from traveling outside of the country or to any city considered to be a "hot spot" for COVID-19 infections.
6. I understand that Gazelle Pilates, LLC cannot be held liable for any exposure to the COVID-19 virus caused by any misinformation on this form or the health history provided by each client.
7. Any legal disputes with the Gazelle Pilates, LLC will be subject to LA County's Jurisdiction.

I HAVE READ THE ABOVE RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND THEIR CONTENTS. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

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SIGNATURE OF PARTICIPANT

DATE

If participant is under the age of 18, full name of minor: _____

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SIGNATURE OF PARENT/GUARDIAN

DATE