



## **Proof of Vaccination Required for In-Person Services**

In an effort to take the most cautious and careful approach to the variant, HEAL will require proof of vaccination (2 weeks post last shot) for all in-person services (privates, duets, group classes).

**Please email a copy or picture of your vaccination card to [healpilatesstudio@gmail.com](mailto:healpilatesstudio@gmail.com) no later than Friday 9/17/21.**

Or you can bring your vaccination card to the studio and we will take a picture & make a note in our files. You only have to provide proof of vaccination once. If you're unvaccinated, you are welcome to work with us virtually!

Thanks for helping us keep HEAL as safe as possible!

## **How has HEAL prepared for reopening safely?**

- Masks required (no exhale valve masks).
- Machines 6ft apart.
- Covid waiver required (see below).
- One class in the space at a time.
- All staff fully vaccinated.
- Installed exhaust fan pulling air out of studio & screen door.
- 800 square foot air purifier.
- Instructor maintains 6ft distance. No hands on touch.
- CDC approved disinfectant wipes on machines.
- Hand sanitizer and disinfectant wipe stations.
- Vinyl covering all straps.
- Minimized props.
- Eliminated waiting room. Clients wait outside for appointments.
- Coat rack for belongings & cubby for shoes.

**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.

HEAL: Pilates has put in place preventative measures to reduce the spread of COVID-19; however, HEAL: Pilates and its employees cannot guarantee that you will not become infected with COVID-19. Further, attending HEAL: Pilates 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 HEAL: Pilates 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 HEAL: Pilates may result from the actions, omissions, or negligence of myself and others, including, but not limited to, HEAL: Pilates 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 HEAL: Pilates (“Claims”). I hereby release, covenant not to sue, discharge, and hold harmless HEAL: Pilates, 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 HEAL: Pilates, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any HEAL: Pilates program.

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

- *Cough*
- *Shortness of breath or difficulty breathing*
- *Fever*
- *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 diarrhea.*

I voluntarily agree to notify and inform HEAL: Pilates management if I have tested positive for COVID-19 after

attending and participating in class at HEAL: Pilates. I acknowledge that my identity will remain confidential after notifying HEAL: Pilates of a positive COVID-19 test.

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Client Signature

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Date