

# COVID-19 CLIENT WAIVER AND RELEASE OF LIABILITY

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Due to the COVID-19 pandemic, we are taking extra precautions with the intake of each client. Please answer these questions truthfully so we may continue to do our best to stop the spread and provide the safest environment possible for all clients.

Symptoms of COVID-19 may include:

- Fever
- Difficulty breathing.
- Dry cough
- Fatigue
- Sore throat
- Loss of smell or taste

I, \_\_\_\_\_,

accept the following affirmations when engaging in treatment or services from Natural Movement Pilates LLC:

- I understand the description of the above symptoms and affirm that I, as well as all members of my household, do not currently have nor have experienced any symptoms associated with COVID-19 within the last 14 days.
- I affirm that I, as well as all members of my household, have not been diagnosed with COVID-19.
- I affirm that, to the best of my knowledge, I have not been in contact with anyone who has been diagnosed with COVID-19.
- I affirm that I have not travelled outside of the United States in the last week.
- I understand that Natural Movement Pilates, LLC and any of its employees, contractors, vendors, officers, or agents cannot be held liable should I experience any exposure to the COVID-19 virus or any other contagion as a result of my providing misinformation on this form.
- I understand that, because any movement-based health practices may involve prolonged and close physical contact, there may be an elevated risk of disease transmission, including COVID-19.
- I agree to release and hold harmless Natural Movement Pilates, LLC and all its employees, contractors, vendors, officers, or agents from any and all claims of liability regarding exposure to or contraction of the COVID-19 virus.

**By signing this form, I acknowledge that I am aware of the risks involved and affirm that I have provided truthful and accurate information.**

Client Signature:

Date:

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NATURAL MOVEMENT PILATES