



Pilates by Bernadette – Covid-19 Waiver

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 the symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the Covid-19 symptoms listed below within the last 14 days:

- Fever: 38C/100F, chills, body aches
- Cough
- Sore throat
- Shortness of breath
- Difficulty breathing
- Flu-like symptoms
- Runny nose
- Loss of smell or taste

I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the last 30 days. I verify that I have not been identified as a contact of someone who has tested positive for the COVID-19 or been asked to self-isolate by Ontario Public Health, or any other government agency within the last 30 days.

I affirm that I, as well as all household members, have not traveled outside of the country, or to any city outside of our own that is or has been considered a “hot spot” for COVID-19 infections within the last 14 days.

I understand that I may be unable to proceed with my appointment if it is deemed unsafe to myself or anyone else in the studio.

I understand the staff of Pilates by Bernadette will do everything possible to minimize the spread of COVID-19 but know that this facility is not a zero-risk zone due to the nature of the business and services provided.

I understand that this business, its instructors and staff cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each client.

By signing below, I verify that the information I have provided on this form is truthful and accurate and that I agree to each above statement and release the instructors, staff and business from any and all liability for the unintentional exposure or harm due to COVID-19.

Name (print) _____

Signature _____

Date _____