

COVID-19 INFORMED CONSENT TO PRACTICE PILATES at 5 ELEMENTS

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 that I am the decision maker for my health care. Part of this Studio's role is to provide me with information to assist me in making informed choices. This process is often referred to as "informed consent" and involves my understanding and agreement regarding recommended care, and the benefits and risks associated with the provision of health care during a pandemic. Given the current limitations of COVID-19 virus testing, I understand determining who is infected with COVID-19 is exceptionally difficult. To proceed with receiving care, I confirm and understand the following (Initial in all seven places provided)

INITIAL BELOW EACH SECTION

I understand my treatment may create circumstances, such as the discharge of respiratory droplets or person-to-person contact, in which COVID-19 can be transmitted.

INITIAL _____

I understand that I am opting for an elective service that may not be urgent or medically necessary, and that I have the option to defer my services to a later date. However, while I understand the potential risks associated with receiving treatment during the COVID-19 pandemic, I agree to proceed with my desired treatment at this time.

INITIAL _____

I understand due to the frequency of appointments with members, the attributes of the virus, and the characteristics of procedures, I may have an elevated risk of contracting COVID-19 simply by being in a Pilates Studio.

INITIAL _____

I confirm I am not experiencing any of the following symptoms of COVID-19 that are listed below

- Fever
- Shortness of Breath
- Dry Cough
- Runny Nose
- Sore Throat
- Loss of Taste or Smell

INITIAL _____

I understand travel increases my risk of contracting and transmitting the COVID-19 virus. I verify that I have NOT in the past 14 days I have not traveled: 1) Outside of Canada to countries that have been affected by COVID-19; or 2) Domestically within the Canada by commercial airline, bus, or train.

INITIAL _____

I am informed that you and your staff have implemented preventative measures intended to reduce the spread of COVID-19. However, given the nature of the virus, I understand there may be an inherent risk of becoming infected with COVID-19

by proceeding with this treatment. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective treatment and give my express permission to you and the staff at your offices to proceed with providing care.

INITIAL _____

I KNOWINGLY AND WILLINGLY CONSENT TO THE SERVICES WITH THE FULL UNDERSTANDING AND DISCLOSURE OF THE RISKS ASSOCIATED WITH RECEIVING CARE DURING THE COVID-19 PANDEMIC.

I HAVE READ, OR HAVE HAD READ TO ME, THE ABOVE COVID-19 RISK INFORMED CONSENT TO RECEIVE SERVICES. I APPRECIATE THAT IT IS NOT POSSIBLE TO CONSIDER EVERY POSSIBLE COMPLICATION TO CARE, AND BY SIGNING BELOW, I AGREE WITH THE CURRENT OR FUTURE RECOMMENDATION TO RECEIVE CARE AS IS DEEMED APPROPRIATE FOR MY CIRCUMSTANCE. I INTEND THIS CONSENT TO COVER THE ENTIRE COURSE OF CARE FROM ALL INSTRUCTORS IN THIS STUDIO FOR MY PRESENT CONDITION AND FOR ANY FUTURE CONDITION(S)

5 ELEMENTS STUDIO POLICY WAIVER

PURCHASE AND CANCELLATION POLICIES

Advanced payment is required to sign up for sessions. Due to COVID restrictions, understand your session purchase is paying for a session and the instructor is being paid for that session, so your account must be current and up to date.

We do not have a 24-hour cancellation policy as most studios do. If you have a scheduled appointment, know that your instructor may be there up to an hour ahead of time and you will be charged for a late cancellation or no show. You can text the studio, but if it is close to the start time of a session or class, again, you agree to forfeit your session.

AGREEMENT OF POLICIES, RELEASE AND WAIVER OF LIABILITY

I agree to the following:

That I am participating in this exercise class during which I will receive information and instruction about fitness, Pilates and health. I recognize that a fitness or Pilates program requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

INITIAL _____

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in fitness or Pilates sessions. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in fitness or Pilates sessions.

INITIAL _____

In consideration of being permitted to participate in classes, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.

INITIAL _____

I understand, and agree to, the Purchase, Payment and Cancellation Policies.

INITIAL _____

In further consideration of being permitted to participate in the fitness or Pilates classes, health programs, or workshops, I knowingly, voluntarily and expressly waive any claim I may have against the instructor or the owner or leaseholder of the building for injuries or damages that I may sustain as a result of participating in classes or workshops held by 5 Elements Fitness & Pilates.

INITIAL _____

I, my heirs, or legal representative of such forever release, waive, discharge and covenant not to sue 5 Elements Fitness & Pilates, Rebecca Laws Nemetz, any of the 5 Elements Fitness & Pilates instructors, or the leaseholder or owner of the building for any injury or death caused by their negligence or other acts.

INITIAL _____

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above

INITIAL _____

Client Name: _____

Client Signature: _____

Client Email: _____

Client Phone: _____

Date: _____, 2020 _____

Acknowledgement of Receipt by Instructor (Signature) _____