

**VERONA YOGA STUDIO, LLC UPDATED WAIVER (INCLUDING COVID-19)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical conditions or injuries we should know about: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Addendum: 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. Verona Yoga Studio, LLC has put in place preventive measures to reduce the spread of COVID-19. However, Verona Yoga Studio, LLC cannot guarantee that you will not become infected with COVID-19.

**I agree that if the answer is yes to any question below, I will not practice live in the studio of Verona Yoga Studio, LLC:**

* Have you or anyone in your household had any of the following symptoms in the last 21 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever at or greater than 100 degrees Fahrenheit?
* Have you or anyone in your household traveled in any of the current quarantined U.S. states in the past 21 days?
* Have you or anyone in your household traveled abroad in the last 21 days?
* Have you or anyone in your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19?
* Do you have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19?
* To the best of your knowledge have you been near any individual who tested positive for COVID-19?

**ASSUMPTION OF RISK:** 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, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury, illness, damage, loss, claim, liability, or expense, of any kind, that I may incur.

**WAIVER OF LIABILITY:** I hereby release, covenant not to sue, discharge, and hold harmless Verona Yoga Studio, LLC, its employees, agents, and representatives, from all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating to COVID-19.

**Please read carefully; I hereby agree to the following:** I agree and acknowledge that I am fully aware that participation in this activity may involve risks and I accept all the risks of participating. I will progress at my own pace and I understand my physical limitations, so I am sufficiently self-aware to stop physical activity before I become ill or injured. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the yoga classes. In consideration of being permitted to participate in the yoga classes, I knowingly, voluntarily, and expressly waive any claim I may have against Verona Yoga Studio, LLC for injuries or damages that I may sustain as a result in participating in the yoga classes. My signature acknowledges that I shall not now, or at any time in the future, bring any legal action against Verona Yoga Studio, LLC, Lisa Munjack, Donna Fauerbach and/or any other person who may teach at Verona Yoga Studio, LLC; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors, and my assigns. If I am pregnant, or become pregnant, or am postnatal, my signature verifies that I am participating in yoga at Verona Yoga Studio, LLC with my doctor’s full approval. If you are under 18, you must have a parent’s signature. My signature is binding to this liability waiver from this day forth.

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or Legal Guardian if participant under the age of 18.