



Metamorphosis Pilates & Bodywork, Inc.
268 Main St, Second Floor
East Aurora, NY 14052
(716) 239-7995

Assumption of Risk, Waiver and Release of Liability and COVID-19 Agreement

In consideration for being allowed to return as a client, or become a client, of Metamorphosis Pilates & Bodywork, Inc. ("Metamorphosis"), located at 268 Main St, Second Floor, East Aurora, NY 14052 (the "Studio"), I attest, acknowledge and agree as follows:

I am not experiencing any symptoms of illness such as a fever, cough, or shortness of breath. If I develop these symptoms, I agree that I will cancel my session before arriving at the Studio. I agree to follow all Government imposed, and Center for Disease Control recommended, safety and hygiene protocols, as well as any protocols implemented by Metamorphosis. If I observe any unusual or significant hazard during my presence or participation at the Studio, I will immediately remove myself from the Studio and bring such to the attention of the practitioner.

I attest that:

- I have not traveled internationally in the past 14 days
- I have not traveled to a highly impacted area within the United States in the past 14 days
- I do not believe that I have been exposed to a person with a confirmed or suspected case of COVID-19
- I have not been diagnosed with COVID-19, and not yet cleared as noncontagious, by state or local public health authorities
- I have been following, and continue to follow, recommended guidelines as much as possible - practicing social distancing by participating in group activities of fewer than 10, trying to maintain separation of six feet from others, and otherwise limiting my exposure to the coronavirus.

I understand that I am responsible for my own insurance coverage in the event of illness or personal injury as a result of my participation with Metamorphosis.

I understand that my participation onsite at the Studio may include activities that could be hazardous to me, and anyone who comes to the Studio with me, including but not limited to exposure to people with infectious diseases. I fully understand and appreciate the risks that are inherent in such activities. I hereby assume the risk of bodily injury, illness, death, medical treatment resulting from my participation onsite at the Studio, even if resulting from the negligence of Metamorphosis, its clients, practitioners, independent contractors, employees, agents, representatives, and, if applicable, owners and lessors of the premises used.

To the fullest extent permitted by law, I hereby release, discharge and agree to indemnify and hold Metamorphosis harmless from, and waive on behalf of myself, any and all causes of action, claims, demands, damage, costs, expenses and compensation or loss to myself that may be caused by any act, or failure to act of Metamorphosis, or that may otherwise arise in any way in connection with any activities with Metamorphosis.

I understand that this release discharges Metamorphosis from any liability or claim that I, my heirs and assigns, may have against Metamorphosis with respect to any bodily injury, illness, death, medical treatment that may arise from or in connection with my activities. This liability waiver and release extends to Metamorphosis, its practitioners, independent contractors, employees, agents, representatives, and, if applicable, owners and lessors of the premises used.

I HAVE READ THIS ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY AND COVID-19 AGREEMENT, I FULLY UNDERSTAND ITS TERMS, I ATTEST TO THE ACCURACY OF THE INFORMATION STATED ABOVE, I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS DOCUMENT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Client Signature: _____ Date: _____