



CoreBody

CoreBody Pilates + Yoga Inc. COVID-19 Participant Release

Adapted from <https://bc.thrive.health/covid19>

Are you experiencing any of the following:

- Severe difficulty breathing (e.g. struggling to breathe or speaking in single words)
 - Severe chest pain
 - Having a very hard time waking up
 - Feeling confused
 - Losing consciousness
- YES/NO

Are you experiencing any of the following:

- Mild to moderate shortness of breath
 - Inability to lie down because of difficulty breathing
 - Chronic health conditions that you are having difficulty managing because of difficulty breathing
- YES/NO

Are you experiencing cold, flu or COVID-19-like symptoms, even mild ones? Symptoms include: fever, chills, cough, shortness of breath, sore throat and painful swallowing, stuffy or runny nose, loss of sense of smell, headache, muscle aches, fatigue or loss of appetite YES/NO

Have you travelled to any countries outside Canada (including the United States) within the last 14 days? YES/NO

Did you have, provide care or have close contact with a person with confirmed COVID-19? (Note: This means you would have been contacted by your health authority's public health team) YES/NO

I Understand that the Pilates or Yoga private or semi private session or group class will be cancelled immediately if the client does not meet the pre-screening criteria upon physical presentation at the studio. I understand that while the instructor is following all of the health and safety guidelines outlined by the Provincial Health Officer and that they are taking all reasonable precautions to clean and disinfect the studio and all the surfaces within the studio, there are no guarantees that I may not come into contact with COVID-19. I consent to receiving Pilates, and or Yoga instruction during the COVID-19 pandemic. I understand the risks associated with close contact with others and by signing this I indemnify Stephanie Roberts and CoreBody Pilates + Yoga Inc., and its directors, sub contractors, renters and agents, if I contract the COVID-19 virus as a direct result of my Pilates or Yoga sessions and or group classes.

I have read this Release and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

NAME _____

SIGNATURE _____ DATE: _____