

COVID-19 LIABILITY WAIVER

| | |
|-------|-------|
| NAME | PHONE |
| EMAIL | |

Do you currently have, or have you had any of the following conditions within the last 14 days?

COUGH yes no

FEVER yes no

SHORTNESS OF BREATH yes no

NEW LOSS OF TASTE OR SMELL yes no

Do you have knowledge of, or have you had close contact in the past 14 days with anyone who has been diagnosed with COVID-19? yes no

Within the last 14 days, have you been in an area with known risk of/reported cases of COVID-19? yes no

I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending classes at Ashes Yoga Studio and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I understand that the risk of becoming exposed to or infected by COVID-19 at Ashes Yoga Studio may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, teachers, and other participants.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with our attendance at Ashes Yoga Studio.

I hereby release, covenant not to sue, discharge, and hold harmless Ashes Yoga Studio, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Ashes Yoga Studio, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Ashes Yoga program.

In further consideration of being permitted to participate in the Activities, I knowingly, voluntarily and expressly waive any Claim (as defined below) I may have against Ashes Yoga Studio, its owners, managers, teachers, instructors, workshop presenters, employees, independent contractors and staff (each, a Released Party) that I may sustain as a result of participating in the Activities at Ashes Yoga Studio even if the Claim arises from the negligence of any Released Party or anyone else.

I agree to indemnify and hold harmless each Released Party from any loss, cost, or liability incurred in defending any Claim made by me or anyone making a Claim on my behalf, even if the Claim is alleged to or did result from the negligence of any Released Party or anyone else. Claim includes but is not limited to any and all liabilities, claims, demands, expenses, fees, legal actions, rights of actions for damages, personal injury, mental suffering and distress, or death that I may suffer, my spouse, children or unborn child may suffer (including any legal fees or expenses) in connection with participation in any Activity.

Signature _____ Date _____