

Waiver & Release

Pleasure Point Pilates of Santa Cruz, CA (“the Studio”) has put in place preventative measures to reduce the spread of COVID-19; however, the Studio cannot guarantee that you will not become infected with COVID-19. Further, attending the Studio could increase your risk and the risk of contracting/spreading COVID-19.

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 by attending the 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 the Studio may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Studio Teachers, other clients, and their families. Initials here _____

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 or my family may experience or incur in connection with my attendance at the Studio or participation in Studio programming (“Claims”). _____

On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the Studio its teachers, employees, independent contractors, representatives, and clients 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 the Studio, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Studio program. _____

IN ADDITION, I UNDERSTAND THE RISKS ASSOCIATED WITH EXERCISE AND IT IS MY DESIRE TO PARTICIPATE. I HAVE NOT WITHHELD ANY RELEVANT INFORMATION REGARDING MY PHYSICAL CONDITION. I AGREE THAT PLEASURE POINT PILATES AND ALL RELEASEES ARE IN NO WAY RESPONSIBLE FOR ANY INJURIES SUSTAINED BY ME DURING MY SESSIONS. I HEREBY RELEASE THE STUDIO, ANNA LOVATO, AND ALL RELEASEES FROM ANY RESPONSIBILITY EVEN IF THEY ARE NEGLIGENT. THIS INCLUDES ALL CLASSES, SESSIONS AND EVENTS IN PERSON AND VIRTUALLY.

I understand that a Cancellation Fee will be applied to all scheduled sessions and classes that are not cancelled before 24 hours of appointment time. I also understand that The Studio is requiring proof of Covid-19 vaccination to participate in any hour where there is more than 1 private lesson occurring and that my contact info is required for tracking purposes.

Signature _____

Date _____

Print Name _____

Email/Phone _____

Date of Second Vaccination _____ Releasee Initials _____

