



Yoga Health Center COVID-19 Liability Health Release Waiver

To attend classes at YHC, you are required to read and sign the following COVID-19 health release waiver. Please read each part carefully and attend class only if you meet all of the criteria listed below.

I, _____ agree to the following:

- I understand the **COVID-19 symptoms*** stated below and affirm that I, as well as all my household members, do not currently have, nor have displayed any COVID-19 symptoms within the last 14 days. (*COVID-19 symptoms include but are not limited to: **fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.** If you are in doubt, please check with your physician prior to attending a class at YHC.)
- I affirm that I, as well as all household members, have not been caring for someone of any age who is ill.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the last 30 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days.
- I affirm that I, as well as all household members, have not traveled outside the US, or to any other city than that of our own residence that is or has been considered a “hot spot” for COVID-19 infections within the last 30 days.
- I understand that I or my assigns will not hold liable Yoga Health Center, its owners, employees, teachers, staff or affiliates for any exposure to the COVID-19 virus or any other contagion.

By signing below I agree to each of the above statements and release Yoga Health Center, its owners, employees, teachers, and staff members as well as students from any and all liability for exposure or harm due to COVID-19.

Yoga Health Center reserves the right to refuse service to anyone deemed a health risk, and/or to reschedule classes if there is a need to do so due to changes brought on by new COVID-19 regulations from federal, state, county, or city health departments.

Signature: _____ Date: _____

Print Name: _____