

COVID-19 Liability Release Waiver

Signature required prior to attending initial class.

Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), Shore Bliss Yoga & Wellness, LLC is taking extra precautions with the care of every student to include health history review and enhanced sanitation/disinfection procedures in accordance with the CDC guidelines.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry Cough
- Difficulty Breathing

		lowing	

Student Printed Name	Student Signature	 Date
All instructors at Shore Bliss Yoga & Wellne	ess, LLC agrees to abide by these standard	ls and affirms the same.
By signing below, I agree to each statemen unintentional exposure or harm due to CO\		ellness, LLC from any and all liability for the
 Additional time is included betwee Each student is required to wash I All studio mats and blocks will be Hand towels will be provided for st 	uired to ensure new limited numbers are not en classes to prevent excessive student con hands before arriving and to use hand sanit sanitized before and after each class. tudent use in case of coughing or sneezing hly with hospital grade disinfectant before a	tact with each other. izer upon arrival to the studio and before leaving. and are cleaned after every class.
Shore Bliss Yoga & Wellness, LLC is follow	ving these enhanced procedures to prevent	the spread of COVID-19:
I understand that Shore Bliss Yoga & Virus caused by misinformation on this form	Wellness, LLC and all instructors cannot be n or the health history provided by each clie	held liable for any exposure to the COVID-19 nt.
I affirm that I, as well as all household spot" for COVID-19 infections WITHIN THE	members, have not traveled outside of the of PAST 30 DAYS.	country, or to any city considered to be a "hot
I affirm that I, as well as all household THE PAST 14 DAYS.	members, have not knowingly been expose	ed to anyone diagnosed with COVID-19 WITHIN
I affirm that I, as well as all household	members, have not been diagnosed with Co	OVID-19 WITHIN THE PAST 30 DAYS.
I understand the above symptoms and experienced the symptoms listed above WI	I affirm that I, as well as all of my household ITHIN THE LAST 14 DAYS.	I members, do not currently have, nor have