

YOGA MOJO & MOVEMENT THERAPY

COVID-19 Liability Waiver & Required Regulations Agreement

Please review the following protocols used to address the health and safety of clients as we resume operations during the coronavirus pandemic. Yoga Mojo & Movement Therapy is following guidelines from Gov. Inslee's administration and the U.S. Centers for Disease Control, but this list is not intended to be all-inclusive of the measures being taken.

As a condition of returning to in-studio one-on-one sessions, you must adhere to all physical distancing and sanitization measures required and set forth below:

Before entering the studio for any and all sessions with Yoga Mojo & Movement Therapy, LLC, I confirm that:

- I have not been in close contact with a confirmed case of COVID-19
- I am not experiencing a cough, shortness of breath, or sore throat
- I have not had a fever in the last 48 hours
- I have not had a loss of taste or smell
- I have not vomited or had diarrhea in the last 24 hours

I agree that if I feel sick I will stay home and contact Moriah with Yoga Mojo & Movement Therapy immediately to cancel my appointment via text or phone call.

Per Governor Inslee's requirements, I agree that if I have not been vaccinated, I will wear a mask that covers both my nose and mouth while in the studio. I agree that if I have been vaccinated and I want to take extra safety precautions, I will wear a mask that covers both my nose and mouth and ask Moriah to do the same during our session.

I agree that I will limit the amount of personal belongings I bring into the studio, and will silence my phone upon arrival.

I acknowledge and accept any increased risk of contracting COVID-19 that may occur by utilizing Yoga Mojo & Movement Therapy's facilities.

I agree and hold Yoga Mojo & Movement Therapy harmless in the event that I am exposed to or contract COVID-19.

I hereby acknowledge that I have read and understand the above referenced terms and conditions, and I accept and agree to abide by these terms listed above.

Today's Date: _____ First, Last Name (print): _____

Signature: _____