



CHARO EVANGELISTA
ESSENTRICS® • YOGA • WELLNESS
CHARO.FREESPIRITYOGA@GMAIL.COM

COVID-19 Waiver Form

Name: _____ Date: _____
Email: _____ Phone: _____

Addendum: Coronavirus/COVID-19

Charo Evangelista have recently resumed in-person classes following an extended period of closure ordered by government authorities in response to the ongoing COVID-19 (novel coronavirus) pandemic. Even though the locations where she holds the classes have put in place preventive measures to reduce the spread of COVID-19. It cannot guarantee that you will not become infected with COVID-19.

East Goshen Township will begin in-person classes starting in July 2021 following the current CDC and PA guidelines, therefore, as of now, masks will be required to enter the building. Masks can be removed during the class while students are on their mats to allow for proper breathing. No social distancing guidelines will be in place.

ASSUMPTION OF RISK: 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, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury, illness, damage, loss, claim, liability, or expense, of any kind, that I may incur.

WAIVER OF LIABILITY: I hereby release, covenant not to sue, discharge, and hold harmless Charo Evangelista, East Goshen Township, its employees, agents, and representatives, from all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating to COVID-19.

Please read carefully; I hereby agree to the following:

I will not attend in-studio or any other in-person Activities conducted or organized by Charo Evangelista if I am exhibiting symptoms of COVID-19 (which can include fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell), or if I have been exposed to a third party who has exhibited COVID-19 symptoms in the 14 days preceding my participation in the Activities.

I agree and acknowledge that I am fully aware that participation in this activity may involve risks and I accept all the risks of participating. I will progress at my own pace and I understand my physical limitations so I am sufficiently self-aware to stop physical activity before I become ill or injured. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the classes. In consideration of being permitted to participate in classes, I knowingly, voluntarily, and expressly waive any claim I may have against Charo Evangelista for injuries or damages that I may sustain as a result in participating in classes. My signature acknowledges that I shall not now, or at any time in the future, bring any legal action against Charo Evangelista and East Goshen Township; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors, and my assigns. If I am pregnant, or become pregnant, or am postnatal, my signature verifies that I am participating in classes with my doctor's full approval. If you are under 18, you must have a parent's signature. My signature is binding to this liability waiver from this day forth.

Signature: _____ Date: _____