

# Bend of Ivy Mountain Yoga Retreat

with Allison Modafferi

## Covid-19 Safety Agreement

Proof of Vaccine(s) AND a negative Covid-19 test (within 72 hours of arrival) required to participate.

This form will remain private and will not be shared with any individual or agency.

Participant Name \_\_\_\_\_ DOB \_\_\_\_\_

Covid-19 Vaccine Date(s) \_\_\_\_\_ Please include Proof of Vaccine (photo)

### COVID-19 SAFETY INFORMATION:

While participating in Allison's mountain yoga retreat, consistent with CDC guidelines, participants are encouraged to wash hands frequently, practice social distancing, and wear face-coverings whenever gathering indoors, to reduce the risks of exposure to COVID-19.

Because COVID-19 is extremely contagious, even with these preventative measures in place, Allison and her affiliated partners cannot guarantee that participants will not become infected with COVID-19.

In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not participate in the mountain yoga retreat:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among others;
2. Individuals who have traveled at any point in the past fourteen (14) days to a community that is experiencing sustained community spread of COVID-19; or
3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

### DUTY TO SELF-MONITOR:

Participants agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and contact Allison immediately if experiencing symptoms of COVID-19 within 14 days after participating in the mountain yoga retreat.

**ASSUMPTION OF THE RISK.** I acknowledge and understand the following:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and
3. I hereby knowingly assume the risk of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

### LIABILITY WAIVER AND RELEASE OF CLAIMS:

I hereby release, waive, and forever discharge any and all liability, claims, and demands of whatever kind or nature against Allison Modafferi and her affiliated partners.

I (print name ) \_\_\_\_\_ have read and completed this form to the best of my knowledge and am solely responsible for providing accurate information.

Signature \_\_\_\_\_ Date \_\_\_\_\_