



ST. LOUIS AERIAL COLLECTIVE

COVID-19 AGREEMENT, RELEASE AND ASSUMPTION OF RISK

I represent that I am in good health and have had no known close contact* exposure to COVID-19 or any other infectious disease.

I understand that to attend classes at SLAC I must present either of the following:

- a) proof that I am fully vaccinated or
- b) a negative PCR (NOT rapid) test that is less than a week old.

I understand that in the case above and all cases below, “fully vaccinated” means I have had either the second vaccine or a booster shot within the past 6 months.

I understand that if I sign up and pay for this class, lesson or open, but refuse to show my vaccination proof or negative test, I will not be allowed entry to the studio and I will not be given a refund.

I have had no symptoms of COVID-19, including cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, loss of taste or smell, diarrhea, or feeling feverish or a measured temperature greater than 99.6 degrees, for 14 days (10 if fully vaccinated) prior to attending the facility.**

I acknowledge that if I believe I have had any exposure to COVID-19, I will immediately alert the facility if I have been on the premises since my exposure. If I am fully vaccinated, I will cease attendance for 14 days as stated above, or take a COVID-19 PCR or rapid test 5-7 days after exposure and return if the result is negative. If I am unvaccinated, I will cease attendance at the facility until I can again warrant that I have had no known exposure for the 14 day period.

I agree to inform the studio immediately if I have developed symptoms within a 14 day period (10 if fully vaccinated) of being in the studio, or if I have learned that I have been in close contact with someone who has later tested positive for COVID-19 within the same period.

I am aware that training during and after the COVID-19 pandemic involves certain inherent risks, dangers and hazards, which can result in serious infection, personal injury or death. I further acknowledge, understand, appreciate, and

agree that my participation may result in possible exposure to and illness from COVID-19. While protocols and personal discipline may reduce this risk, the risk of serious injury, illness, and even death is not possible to fully mitigate.

I accept for use as-is the equipment to be used in activities governed by this agreement.

I understand that if I willfully and intentionally violate the stated hygiene rules in our facility, the facility has the right to suspend me without a refund.

I agree to inform the studio immediately if I learn that any of the above information changes or I obtain new information.

I hereby freely agree to assume and accept all known and unknown risks of exposure to COVID-19, even arising from the negligence of the releasees or others and assume full responsibility for my participation. I further recognize and acknowledge that the risks inherent in training can be greatly reduced by, and therefore expressly agree to perform these safety precautions:

- Maintaining a minimum of 6 feet distance from other participants and staff
- Washing my hands thoroughly before and after my training session
- Doing my best to not touch my eyes, nose, mouth, or other parts of my face
- Wearing a mask securely over my nose and mouth as instructed by studio guidelines at the time
- Observing entry/exit and cleaning instructions from staff
- Not coming to the studio if I experience any symptoms consistent with COVID-19, or have had a recent known or suspected exposure to a person with COVID-19

I have read this Agreement and I fully understand its terms. I understand that I am giving up substantial rights, including my right to sue the facility and its staff for injuries resulting from the inherent risks of training during and after the COVID-19 pandemic, and the ordinary negligence of the facility and staff. I further acknowledge that I am signing this agreement freely and voluntarily, without inducement or assurance of any nature, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by the laws of the state of Missouri.

* Close contact:

<https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>

** When you can be around others:

https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html#anchor_1633109423704