

PARTICIPATION AGREEMENT

I understand that classes at North Shore Pole Fitness may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss or death.

I understand the risk of injury from studio coordinated activities and using any pole and aerial equipment may be significant, including the potential for injury or death. I knowingly and freely assume all such risks, both unknown and known.

I acknowledge that I may engage in both privately supervised, group supervised or unsupervised activity and I assume all risks of using equipment, movement, or exercise routines or props with or without staff present.

I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against North Shore Pole Fitness or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.

I expressly agree that this release is intended to be as broad and inclusive as permitted by applicable law and if a portion of this release is held invalid the balance shall remain in full force and effect. I understand that this business is relying on this release in agreeing to enter into this agreement. I have read the release of liability and assumptions of risk agreement and fully understand its terms and that I have given up substantial rights by signing it and I sign it freely and voluntarily without inducement.

Participant Printed Name _____

Participant Signature _____
Date _____

Participant Phone # _____

COVID-19 AGREEMENT

Each time you come to North Shore Pole Fitness you are agreeing to the following:

The novel Coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person to person contact. I understand that COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious.

I agree to not to enter North Shore Pole Fitness facilities if I believe I have COVID-19, have symptoms consistent with COVID-19, or if I have come into contact with anyone who has tested positive for the virus in the last month.

To the best of my knowledge, I have not shown any symptoms of COVID-19 in the past 14 days. According to the CDC, these symptoms include:

- Cough
- Shortness of breath or difficulty breathing
- *Or at least two of these symptoms:*
- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- Loss of taste or smell
- Gastrointestinal symptoms like nausea, vomiting or diarrhea

I agree to notify North Shore Pole Fitness immediately if I have developed symptoms within 14 days of being at the studio.

I understand that if I intentionally or willfully violate the hygiene protocols at Ascendance, that Ascendance has the right to excuse me without refund.

I understand that this policy may be updated at any time with the changing guidelines and requirements.

I have read and understand the above information and I agree to not hold North Shore Pole Fitness or any of its employees liable if I or a family member contract COVID-19 during the time I am using services at North Shore Pole Fitness.

Participant Printed Name _____

Participant Signature _____

Date _____