

COVID-19 Waiver of Liability for “High Risk” Clients

From the CDC Website:

“COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, **older adults and people of any age who have serious underlying medical conditions** might be at higher risk for severe illness from COVID-19.

Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- [People 65 years and older](#)
- People who live in a nursing home or long-term care facility

People of all ages with [underlying medical conditions, particularly if not well controlled](#), including:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease”

Do you think you could be considered “high risk”? Watch this video from the CDC for more information:

https://youtu.be/qb7shu_sdQ0

If you fall into one of the “high risk” categories, please note that Washington State does not wish you to participate in group activities at this time. That being said, should you choose to participate in Private Lessons at Aria, we do not wish to inhibit you. We only seek to make you aware of the heightened risks to your health and ask that you agree to the following:

1. I have made the decision to participate in the aforementioned Activities despite my designation as a “high risk person” with full knowledge of my medical history and current medical status and, therefore, hold Aria harmless from any injury, advancement of illness, or death from participating in said Activities;
2. I am aware of the Health Authority of Washington’s guidance on this issue and have voluntarily chosen to participate in the Activities anyway.
3. I take it upon myself to watch the status of my health by following CDC guidelines for self-diagnosis of COVID-19, and agree to inform the owners of Aria immediately should I begin to exhibit symptoms of COVID-19 or I am found to be positively infected with COVID-19.
4. If any part of this Waiver is to any extent held to be invalid or unenforceable, the remainder of this Waiver shall not be impaired or affected thereby and shall continue in full force and effect.



I have read this Waiver and understand all its terms. I execute it voluntarily and with full knowledge of its significance. By signing below I accept the terms and conditions of participation.

Signature of Participant or Guardian

Date

Print name of Participant

Print name of Guardian