

Providence Pole Fitness

COVID-19 Waiver

For the safety of our students and instructors please answer the following questions on the day of your scheduled class.

Please indicate if you have any of the following symptoms today or within the last 14 days:

Shortness of breath	YES _____	NO _____
Fever	YES _____	NO _____
Cough	YES _____	NO _____
Chills	YES _____	NO _____
Sore Throat	YES _____	NO _____

Have you been around anyone with these symptoms or that tested positive for COVID-19 within the past 14 days?

YES _____ NO _____

Have you traveled domestically or internationally within the last 14 days?

YES _____ NO _____

** If you find you have contracted COVID-19 prior to your scheduled class please contact the studio to cancel your reservation. You may reschedule once you can present a negative COVID-19 test result. If you attend class and discover you have the virus within 14 days after your last session please contact the studio so we may perform proper contact tracing for any who may have been in contact.**

NAME: _____ DATE: _____

PHONE: _____

SIGNATURE: _____