

COVID-19 Student Contract

Student's Name: _____

Date: _____

Please read and check the agreements below:

- I, _____ agree to inform the appropriate administrator and will NOT come to school if I become ill or experience any of these symptoms as defined by the CDC:
 - Fever of 100°F or higher
 - Respiratory or flu-like symptoms including chills, cough, muscle aches, sore throat
 - Shortness of breath or difficulty breathing
 - Repeated shaking with accompanying chills
 - New loss of taste or smell
 - New rashes or lesions, especially on the feet

- If I become ill while at school, I will notify a staff member and leave school immediately. I will update the appropriate administrator as to my health status as it changes.
- If I become ill, I will be 3 days symptom-free before returning to school and at least 14 days have passed since symptoms first appeared.
- If I test positive for COVID-19, I will notify the Director of Education immediately and will be asked to communicate with local health departments to begin contact tracing procedures.
- I will not return to school until:
 - Symptomatic: At least 72 hours have passed since recovery, which includes resolution of fever without medication; and improvement in respiratory symptoms (cough, shortness of breath); and at least 14 days have passed since symptoms first appeared.

- Asymptomatic: 14 days have passed since my positive test (assuming no symptoms have arisen since that test; if symptoms have arisen, follow symptomatic guidelines).

- If someone in my household tests positive for COVID-19, I will self-quarantine for 14 days and will work with my instructors for continuing my learning plan at home as applicable.
- I will honor social distancing guidelines and will wear a face covering as directed while at school.
- I agree to use whatever PPE is deemed necessary, as mandated by Federal and/or local authorities or requested by my service provider, in order to receive bodywork.
- I will practice good hand hygiene both at home and at school. I will honor all new COVID-19 related school protocols to reduce risk to my fellow students, instructors, and administrators.
- I will abide by all new student clinic and demonstration protocols to reduce risk to clinic clients, instructors, and fellow students.
- I understand that any of my diagnoses or health updates provided to the school will be handled in a confidential manner within the confines of local and state health department regulations for pandemic protocols.
- I affirm that neither myself, nor anyone I have had contact with, have traveled outside of the country.
- I will notify the Director of Education of travel plans to areas outside of my own considered to be “hotspots” for COVID-19.
- I affirm that neither myself, nor anyone I have had contact with, have been diagnosed with COVID-19 within the last 30 days

By signing below, I acknowledge that I understand and agree to adhere to this student contract and that the above information has been completed thoroughly and honestly.

My service provider has informed me of current sanitation and disinfection protocols being utilized in line with CDC guidelines and Health Board Regulations.

I acknowledge and fully assume the risk of personal injury, wrongful death, property damage, and other damages, claims, or loss to me or my property that may occur while I am receiving bodywork services from my service provider and in my service provider's facility, including but not limited to exposure to COVID-19 arising from being on the premises and receiving bodywork.

I and my heirs, representatives, and assigns hereby release, waive, and discharge ***Mind Body Institute, LLC*** and its employees, agents, successors, and representatives from any claims, damages, or loss to me or my property for personal injury, wrongful death, property damage, or any claims whatsoever, including but not limited to liability related to COVID-19, to the fullest extent allowed by law.

Student Signature: _____ Date: _____

Director of Education: _____ Date: _____