

Fitness Class Waiver
健身课程免责声明

Membership No: _____

First Name: _____ Last Name: _____ Birth Date (YYYY/MM/DD): _____

Phone: _____ Emergency Contact's & Phone: _____

Email: _____ Due Date (Prenatal Class ONLY): _____

I voluntarily enrolled in programs/classes of physical activity provided by Spa Versante. I hereby affirm that I am in good physical condition. I've been suggested to consult with my physician before taking any class when there is a health concern arises including but not limited to pregnancy. I understand that fitness practice is no substitute for medical diagnosis and treatment.

我自愿加入身·活馆运动课程。我确认自己身体状况良好。我有被告知如存在健康问题（包括但不限于怀孕）的疑虑时，需要在上课前咨询我的医生的意见。我明白健身运动不能替代医学来诊断和治疗疾病。

I understand that in any physical activity, risk of serious physical injury is possible, I am aware that by participating in fitness classes I undertake the risk and responsibility of personal injury, I consent to the administration of first aid, and resuscitative measure, by Spa Versante staff, and I also release Spa Versante and its employees, from any liability, damage or loss to me or my personal property now or in the future.

我明白任何的身体运动，都可能存在导致严重身体伤害的风险，我明白我需要自行承担相关风险，我同意 Spa Versante 员工的急救和复苏措施，我同意在现在或将来都不向 Spa Versante 及其员工追究任何对于我本人或财物的损害或损失的责任。

I understand that the COVID-19 has been declared a worldwide pandemic by WHO, it is extremely contagious and is believed to spread by person-to-person contact. I recognize that Spa Versante and all the staff have put in place preventative measures aimed to reduce the spread of COVID-19. However, the risk of becoming infected with COVID-19 will be raised if I choose to have the service before the social distancing alert is canceled. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through esthetic and wellness treatments, and I give my permission for Spa Versante and all the staff to proceed with my desired service.

我了解世界卫生组织已宣布 COVID-19 为全球大流行病，并且 COVID-19 具有极强的传染性，并能通过人与人之间的接触传播。我明白 Spa Versante 和所有员工已采取并实施预防 COVID-19 的传播的措施，但如果我在“保持社交距离”的要求解除之前接受个人服务，仍有增加感染 COVID-19 的风险。我自愿接受并承担相关风险，同意 Spa Versante 和所有员工提供我想要的服务。

I hereby affirm that I have read and fully understand the above information. In addition, I have read and accept the Service Terms and Conditions, refund policy and class attendance policy published on Spa Versante website.

我已阅读并完全理解上述信息。此外，我已阅读并接受 Spa Versante 网站上发布的服务条款和条件，退款政策及课堂出勤政策。

I understand and agrees that when I bringin any other people to join the online classes, they will have to take all the risks by themselves, and it's will be my responsibility to inform and alert them to ONLY proceed when they understand and agrees on this. 我理解并同意，当我邀请任何其他他人参加在线课程时，他们需自行承担一切风险，我有责任告知并提醒他们只有在他们理解并同意这一点后才能参加课程。

Client, Parent or Guardian Signature

Date

