



SECTION 1: CLIENT CONTACT DETAILS

Change Coaching Australia Pty Ltd
Address: 137 Nullarbor Ave Harrison, ACT, 2914
Website: www.changecoachingaustralia.com.au
Email: admin@changecoachingaustralia.com.au
ABN: 48162458004, ACN: 162458004
AUSactive Provider: Sarah Berenson 014499

Client:

Address:

Phone:

Date:

SECTION 2: EXPLANATORY STATEMENT

The Coronavirus (Covid-19) Release & Waiver ("Waiver") consists of 1 page and applies to all services provided by Change Coaching Australia Pty Ltd and all their trading names, respective assignees, representatives, directors, officers, agents, subcontractors, employees and volunteer staff ("Company") and the person identified in Section 1 above ("Client"). The novel coronavirus, COVID-19 ("Covid-19") is extremely contagious and is believed to spread mainly from person-to-person contact. Since 2020, the Australian Government has intermittently enforced restrictions to reduce or eliminate transmission and have provided ongoing updates and advice, of which, the Company has diligently followed since 2020. In October 2022, the Australian Government removed mandatory isolation for those testing positive to COVID-19 and stepped down its' approach across a range of advice pertaining to high-risk settings in early 2023. To align with these changes, the Company withdrew its' COVIDSafe Plan on the 6 March 2023 and moved to rely on its' Communicable Diseases Procedure and Australian Government advice regarding Covid-19.

SECTION 3: AGREEMENTS

I agree to:

1. monitor and comply with all Australian and ACT legislation, all public health directions, daily updates and advice and all Company instructions, policies and procedures. I understand that the degree of safety controls implemented can change abruptly and intermittently requiring the sudden implementation of increased safety controls
2. inform the Company if I contract COVID-19 and provide my implied consent to allow the Company to inform their clients of my COVID-19 status as to enable individuals and their treating medical practitioners the ability to assess individual risk factors and make informed decisions
3. not to attend the Company's premise should my Rapid Antigen Test (RAT) or Polymerase Chain Reaction (PCR) test indicate a positive COVID-19 result and stay away for a minimum of two weeks and "until my symptoms have cleared and I am feeling much better." As isolation mandates are no longer in force, the Company requests clients with COVID-19 refrain from attending Company services during their "infectious period". As most infectious periods for respiratory viruses last one- two weeks (longer if you are immunocompromised), the Company requests two weeks from date your symptoms onset
4. don a surgical face mask when: a) accessing and egressing the Company's premise; b) participating in any activity where social distancing requirements cannot be achieved such as Personal Training, Padwork and Stretch and Release sessions; c) receiving a spot during weight lifting activities; d) recommended by my treating medical practitioner; e) returning after being in close contact with someone exhibiting cold and flu symptoms; f) returning after attending large social events or crowded indoor environments (such as concerts and aeroplanes); and g) recently recovered from acute symptoms (such as fever and runny nose) of COVID-19 or COVID-19 itself
5. only attend the Company premise at my allocated timeslots. I understand that I am not permitted to arrive to my sessions early or leave late
6. administer a RAT one hour prior to attending all Company services if I have been mingling in large community groups (such as theatre, concerts, weddings and aeroplanes); at all times where COVID-19 transmission is elevated in the community or if I have been in contact or near anyone who is suspected of having COVID-19 and I agree not to attend if I return a positive result
7. raise the risk of contracting COVID-19 with my treating medical practitioner and discuss the potential consequences of attending in person services with them; follow and provide the Company with a copy of any related medical advice. I understand that my coach and personal trainer is not able to provide me with medical advice with regard to COVID-19 and that I must seek medical advice if I am in any way concerned
8. provide the Company with medical endorsement to continue attending in person services including periods where only "essential services" are operating and at all times where COVID-19 transmission is prevalent in the community if the Company's services are required to prevent my medical conditions and/or disabilities from deteriorating
9. inform the Company if my treating medical practitioner considers I am immunocompromised or at risk of severe illness should I contract COVID-19 and provide any specific medical processes I must follow to minimise my exposure and potential adverse reaction
10. provide medical guidance and medical clearance to attend Company activities where surgical face masks are not required to be donned and provide medical guidance and medical clearance when returning to exercise after testing positive to Covid-19

SECTION 4: DECLARATIONS

I declare that I have read and understood all Company policies and procedures and how they relate to COVID-19. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to the session facilitator, participants and their families. I declare that I understand the risks of contracting COVID-19 as outlined in this Waiver and am voluntarily assuming the risk of both myself and anyone I take to the Company's premise including my child(ren)

SECTION 5: WAIVER AND LIMITATION OF LIABILITY

The Company has and will continue to adopt preventative measures to reduce the spread of COVID-19, however, cannot guarantee that Clients accessing their services will not become exposed to or infected with COVID-19. I hereby, for myself and for my heirs, next of kin, executors, administrators and assigns, fully release, covenant not to sue, discharge, and hold harmless Change Coaching Australia, its' employees, agents, and representatives, of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this Waiver includes any claims based on the actions, omissions, or negligence of the Company, its' employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Change Coaching Australia Service. I assume the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with attending Change Coaching Australia services or undertakings. I accept that this Waiver is reasonable given the nature of COVID-19 and the Company's Services. I agree that Change Coaching Australia Pty Ltd and Sarah Berenson are not responsible or liable for COVID-19 exposures, infections, transmission and outbreaks thereof. I agree to indemnify, defend, and hold harmless Change Coaching Australia Pty Ltd, its' employees, agents, and representatives and Sarah Berenson from and against all costs, claims, damages, and/or liabilities arising whether directly or indirectly from any claims made by or against any of the aforesaid released party due to injury, loss, or death from or related to COVID-19

Name: _____ Signature: _____ Date: _____

