



855 Forest Road - PO Box 536
Northford, CT 06472 / 203 484-2100

COVID-19 DISCLAIMER / WAIVER OF LIABILITY

Waiver of Liability, Release, Assumption of Risk & Indemnity Agreement Notice

This is a legally binding agreement

I, _____, Parent/Guardian of _____, acknowledge the contagious nature of the Coronavirus / COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that The Dancer's Studio Shoreline, Inc (The Dancer's Studio) has put in place preventative measures to reduce the spread of the Coronavirus / COVID-19. Though The Dancer's Studio will work hard to implement and abide by those measures, neither the measures themselves nor even guidance from the Centers for Disease Control and Prevention ("CDC") allows The Dancer's Studio to guarantee an environment that is entirely free of COVID-19 related risks.

By allowing your children to return to The Dancer's Studio, you acknowledge and understand that your child's attendance will require him/her to physically interact with staff members, other students and employees. As such, despite reasonable mitigation efforts on behalf of The Dancer's Studio, physical interaction with others within the studio may pose some unavoidable risks to you, your children and your family due to the COVID-19 pandemic. With that, you further acknowledge and agree to the following:

1. **Waiver and Release.** You hereby release and forever discharge and hold harmless The Dancer's Studio and its agents from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from your child's return to the studio and/or participation in activities associated with The Dancer's Studio. You understand that this release discharges The Dancer's Studio from any liability or claim that you may have against The Dancer's Studio with respect to the COVID-19. This liability waiver and release extends to The Dancer's Studio together with all owners, partners, and employees.
2. **Assumption of Risk.** You further understand that your child's return and/or participation may expose him/her and others to unavoidable COVID-19 community spread. As such you hereby expressly and specifically assume the risk of injury or other harm, and also expressly release The Dancer's Studio from all liability for injury, illness or other issue resulting from or any way related to your child's return or participation. I voluntarily seek services provided by The Dancer's Studio and acknowledge that we must comply with all set procedures to reduce the spread while attending classes at the studio.

PLEASE PROCEED TO PAGE TWO



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I ATTEST THAT:

Initial_____: I or my child are not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

Initial_____: I or my child have not traveled internationally within the last 14 days.

Initial_____: I or my child have not traveled to a highly impacted area within the United States of America in the last 14 days.

Initial_____: I do not believe that I or my child have been exposed to someone with a suspected and/or confirmed case of the Coronavirus / COVID-19.

Initial_____: I or my child have not been diagnosed with Coronavirus / COVID-19 and not yet cleared as non-contagious by state or local public health authorities.

Initial_____: I or my child are following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus / COVID-19.

BY EXECUTING BELOW, YOU ACKNOWLEDGE HAVING READ AND UNDERSTOOD ALL OF THE ABOVE TERMS AND CONDITIONS.

Your Child's Name

Your Name

Your Signature

Date of Signing