

Dancer name \_\_\_\_\_

**COVID AND ILLNESS WAIVER**

I, \_\_\_\_\_, knowingly and willingly consent to have my dancer participate in programs with A Time To Dance, LLC during the global COVID-19 pandemic. I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not with the current limits in virus testing.

\*I confirm that my dancer and members of my household have not in the past 14 days had any of the following symptoms of COVID-19 listed below:

- Fever • Shortness of breath
- Cough or any flu like symptoms including GI upset, headache, fatigue
- Runny nose • Sore throat • Recent loss of taste or smell

\*I will hold harmless and indemnify, A Time To Dance, LLC., teachers, associates, employees, successors, assigns, legal representatives, organizers, sponsors, and supervisors, against any claims, and actions, in exchange for programs with A Time To Dance, LLC during this Covid-19 pandemic, or other unforeseen viruses or illnesses. **Initial** \_\_\_\_\_

Please be advised that there may be risks in being in the proximity of other people. We are taking many precautions to limit the spread of disease, yet there is still a possibility of transmission. I make this decision for my dancer of my own free will relying upon my knowledge and judgment of any injury they may have sustained or possible transmission of COVID-19 during participation in programs and my decision to release has not been affected by any false statements or representations pertaining to those injuries. I understand that this action is my decision. Accordingly, this agreement is not an admission of any liability regarding A Time To Dance, LLC teachers, associates, employees, successors, assigns, legal representatives, organizers, sponsors, and supervisors, against any claims, and actions. I have carefully read this release and understand its contents, and I am signing it of my own free act. **Initial** \_\_\_\_\_

**\*PLEASE do not send your child to the studio if they are sick.** Please know that for future classes and programs this written consent form will be in effect, and your consent plus negative Covid-19 screening will be shown by sending your dancer to the program. If your dancer or someone in the home has any of the symptoms above, please do NOT send your child to studio. They may attend zoom class if desired.

\*If you send your dancer to the studio, you are consenting to this form, and stating your dancer and any members of the home are negative for all of the above Covid-19 symptoms. **Initial** \_\_\_\_\_

\*It is understood that, should the government require a shut down or stay at home order, dance will continue by shifting to online Zoom classes and Google Classroom. Dance tuition will be expected, unless the student withdraws from class, in which the month notice and payment for that month will be expected. **Initial** \_\_\_\_\_

Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dancer's Name \_\_\_\_\_