

THE DANCE COMPANY COVID RELEASE OF LIABILITY

FITNESS CLASSES
2021 COVID-19 WAIVER

The Dance Company is focused on the well-being of its customers and employees. In the view of the **COVID-19** outbreak, we are taking precautionary measures to keep our customers & employees safe.

This Form and Release must be completed BEFORE participation in activities at the studio.

NOTE: If you are feeling unwell or suffering from any symptoms such as fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting or diarrhea, we ask that you **DO NOT** come to the studio.

By Signing Below, I represent that each of the following is true and accurate:

- 1 I understand that **IN PERSON** participation in class is entirely voluntary and is not required.
- 2 I understand that, while the studio will endeavor to curtail transmission of any communicable diseases, **TRANSMISSION MAY STILL OCCUR.** I hereby release and forever discharge The Dance Company, its owners, director, employees, agents, assigns, legal representatives and successors from all manner of actions, causes of action, contracts, claims and demands for or by reason of any injury to person or property, including injury resulting in the death of a participant, which has been or may be sustained as a consequence of my participation in the activity described herein, and notwithstanding that such damage, loss or injury may have been caused solely or partly by the negligence of Studio. I understand and agree that this waiver is in addition to and does not supersede or replace any other general waiver or release that I have previously executed in relation to the Studio.
- 3 I have not tested positive for or been diagnosed with COVID-19. I have not been told by any health care provider or Department of Health to self-quarantine or self-isolate due to actual or suspected exposure to COVID-19.
- 4 In the past 14 days I have not, to my best knowledge, been within 6 feet of any person who has tested positive for COVID-19, has been diagnosed as infected with COVID-19, or is suspected to have been exposed to COVID-19.
- 5 I have not currently suffering from any symptoms of COVID-19 as identified by the CDC, such as fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting or diarrhea. In the past 14 days, I have not, to our best knowledge, been within 6 feet of any person showing any of these symptoms.
- 6 I agree that, until otherwise notified by Roberta Woods or The Dance Company, should any of the above representations change, I will not attend in person classes, rehearsals, or private lessons at the Studio nor enter the Studio without first discussing these changes with Roberta Woods and receiving her permission to continue.

NAME: _____ SIGNATURE: _____

PARENT/GUARDIAN NAME (if under 18): _____ Date: _____