

CHRISTIAN DANCE COMPANY
COVID-19 DISCLOSURE, CONSENT AND WAIVER OF LIABILITY

WAIVER OF LIABILITY

I, _____, knowingly and willingly consent to have my child participate in programs with CHRISTIAN DANCE COMPANY during the global COVID-19 pandemic. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to be spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.

CHRISTIAN DANCE COMPANY cannot prevent your child or you from becoming exposed to, contracting, or spreading COVID-19 while utilizing CHRISTIAN DANCE COMPANY's services or premises. It is not possible to prevent against the presence of the disease. Therefore, if you choose to utilize CHRISTIAN DANCE COMPANY's services and/or enter into CHRISTIAN DANCE COMPANY's premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: By signing below, you acknowledge and agree that you have read and understood the above warning concerning COVID-19. You also acknowledge and agree that you choose to accept the risk of contracting COVID-19 for myself and/or my children in order to utilize CHRISTIAN DANCE COMPANY's services and enter CHRISTIAN DANCE COMPANY's premises. You further acknowledge and agree that services are of such value to you that you accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize CHRISTIAN DANCE COMPANY's services and premises in person.

WAIVER OF LAWSUIT/LIABILITY: Based on the foregoing, by signing below, you acknowledge and agree that you hereby forever release and waive your right to bring suit against CHRISTIAN DANCE COMPANY and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing CHRISTIAN DANCE COMPANY's services and premises. You further understand that this waiver means you give up your right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence, and that you give up and waive any claim you may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: You understand and agree that the law of the State of Wisconsin will apply to this contract.

Acknowledgement of Waiver

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Name of Child (dance class participant): _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Signature: _____ Date: _____

Name (printed): _____

Disclosure

By signing below, I confirm that my child and members of my household have not in the past 14 days had any of the following symptoms of COVID-19:

- 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 understand that certain travel may increase risk of contracting and transmitting the COVID-19 virus. In addition, the CDC recommends social distancing of at least 6-feet for a period of 14 days to anyone who has traveled to potentially affected areas of COVID-19. Therefore, I verify that my child, nor anyone in my household, have not traveled outside the United States in the past 14-days to countries that have been affected by COVID-19.

PLEASE do not send your child to the studio if he/she is sick. This Covid-19 screening and consent to participate will be used each day programs are held. Please know that for future classes and programs this written consent will be in effect, and your consent plus negative Covid-19 screening will be shown by sending your child to the program. If your child or someone in the home has any of the symptoms above, please do NOT send your child to studio.

If you send your child to the studio, you are consenting to this form, and are stating your child and any members of the home are negative for all of the Covid-19 symptoms stated above.

Child's name _____

Parents name _____

Parent signature _____ Date: _____