



## Signature Dance Studio Covid-19 Screening/Consent Form

{Signed Waiver due at time of registration}

I, \_\_\_\_\_, (print name) knowingly and willingly consent to have my child participate in programs with Signature Dance Studio 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 could 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 child and members of my household have not in the past 14 days had any of the following symptoms of COVID-19 listed here: fever, shortness of breath, cough or 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 the 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. I verify that I, nor anyone in my household, have not traveled outside of New York in the past 14 days to any of the states listed on the incoming travel advisory as listed on the NY Forward website.

I will hold harmless and indemnify, Signature Dance Studio teachers, associates, employees, successors, assigns, legal representatives, organizers, sponsors, and supervisors, against any claims, and actions, in exchange for programs with Signature Dance Studio during this COVID-19 pandemic.

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 child 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 Signature Dance Studio, 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.

PLEASE do not send your child to the studio if they are 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 form 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 stating your child and any members of the home are negative for all of the COVID-19 symptoms stated above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dancer Signature (age 18 or older) \_\_\_\_\_ Date: \_\_\_\_\_