



Danceworks Studio/COVID-19 Waiver and Release

Student Name (please print): _____

Email Address: _____

Phone: (_____) _____ Birthdate: ____/____/____
(required if under 18 years old)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

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If under 18 years of age, for grant reporting purposes only:

Child's ethnicity _____

Child's School (if applicable) _____

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I, _____ hereby release Danceworks Inc. and its staff from
(Student's name or Parent/Guardian's name, if under 18 years old)

any and all liability for injuries, illnesses, or loss of property while at Danceworks, Inc. during my/my child's participation in any and all programming.

Furthermore, I agree to the following conditions:

- I understand that under NO circumstance does Danceworks Inc. issue refunds. All purchases are final in accordance with studio policies and procedures.
- In the event that a credit is issued for a payment made, said credit will be valid for one year from the date of issue, after which time the credit will expire. Credits are not automatic and must be requested.
- I give permission to Danceworks to photograph/video/interview me/my child and use my/their likeness in publications unless otherwise stated.

DANCEWORKS COVID-19 LIABILITY WAIVER

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing, wearing a face mask, and have, in many locations, prohibited the congregation of groups of people.

Danceworks has put in place preventative measures to reduce the spread of COVID-19; however, Danceworks cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Danceworks could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I agree that I will not participate in or send my child to any Danceworks on-site programming, including studio classes, summer creative arts camps, workshops, etc. if I/my child shows any of the following symptoms of Covid-19.

By signing this agreement, I agree that I will not send my child to any Danceworks on-site programming if they show any of the following symptoms of Covid-19. Symptoms may include, but are not limited to:

- Fever of 99.5 in the last 72 hours
- Persistent cough
- Difficulty breathing
- Chills
- Muscle pain
- Sore throat
- Loss of taste or smell

By signing below I also acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

**Moving from in-studio classes to virtual classes is an option provided we have enough notice to make the proper arrangements*

LEGAL GUARDIAN/PARENT/CAREGIVER/PARTICIPANT SIGNATURE:

_____ DATE: _____

PRINTED NAME: _____

Signed _____ Date ____/____/____

***Please email the completed form to info@danceworksmke.org or bring a hard copy to the class or event you are attending.**