



COVID-19 Safety Commitment

Due to the 2020 outbreak of the novel Coronavirus (COVID-19), DANCE XPLOSION is taking extra precautions with the care of every student to include:

- ✓ Enhanced sanitation/disinfection procedures in accordance with the Michigan Department of Health, the CDC and other federal, state and local guidance.

COVID 19 Liability Release Waiver

The CDC describes COVID-19 symptoms as: Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, body aches, Headache, Sore Throat, Congestion or runny nose, Nausea, vomiting, or Diarrhea.

PLEASE read and initial each of the following:

_____ I understand the above symptoms

_____ I affirm that I, and all of my household members, do not currently have the above symptoms, nor have experienced these symptoms within the last 14 days.

_____ I affirm that I, as well as all of my household members, have not been diagnosed with COVID-19 within the past 30 days.

_____ I affirm that I, as well as all of my household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days.

_____ I affirm that I, as well as all of my household members, have not traveled outside of the country, or to any city considered to be a "hot spot" for COVID-19 infections within the past 30 days.

_____ As a participant or as a parent/guardian of a participant of Dance Xplosion’s dance program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume full risk of any injuries, including damages, death or loss which may be sustained as a result of participation in any activities connected with Dance Xplosion. I agree to waive and relinquish all claims against the studio and its faculty members from any and all claims resulting from participation in the program. In case of accidents or sickness, I consent to emergency medical care for my child/myself to be provided by ambulance, emergency or hospital personnel. I acknowledge the contagious nature of COVID-19 and other contagious diseases and viruses and voluntarily assume the risk that I and/or my child/children may be exposed to or infected by COVID-19 by attending and participating and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 and other contagious diseases and viruses may result from the actions, omission, or negligence of myself and others, including, but not limited to, employees, volunteers, and program participants and their families. I also consent to the use of my child’s/my photography in brochures, programs, slide presentations, and publication. I have read and understood all of the studio policy information.

By signing below, I agree to each statement above

PARENT PRINTED NAME

Parent Signature

Date Signed

STUDENT PRINTED NAME