

The following document must be signed by all participants in our dance program. We are confident that our safety measures will continue to mitigate risk for our dancers and staff. ASD has remained Covid free since the pandemic began thanks to the cooperation of all of our dance families and staff. It is our goal to remain diligent in our efforts to promote safe practices regarding the Covid 19 illness. If you or your child(student) has any symptoms that could fit into the Covid 19 description we ask that you please not enter the dance studio. Unvaccinated persons must continue to wear masks while in our facility and vaccinated individuals must provide proof of vaccination in order to forgo their masks at ASD. Moving forward, there may be times when masks are required to be worn by all participants in our program regardless of vaccination status but this will be dictated by our Government requirements and many other factors. Hand sanitizer is located throughout the facility for use by our students, faculty, staff and parents. We will increase disinfectant measures as needed in order to maintain a safe environment. Please look for any updates to our Covid protocols which will be sent via email when necessary.

LIABILITY WAIVER AND Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is contagious and is believed to spread mainly from person-to-person contact. As a result, Alyson's School of Dance ("ASD") has put in place numerous preventative measures to reduce the spread of COVID-19; however, ASD cannot guarantee that you or your child(ren) will not become infected with COVID-19. By signing this agreement, I, _____ (print) acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending ASD. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at ASD or participation in ASD programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless ASD, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, of ASD, its employees, agents, and representatives, in the unlikely event that a COVID-19 infection occurs before, during, or after participation in any ASD program or bodily injury form participating in a dance program at ASD. I further agree to adhere to the rules set forth by ASD regarding Covid19 and the procedures put in place to limit the risk to ASD dancers, staff and families. These rules may change and evolve based upon local infection rates and mandates within the state of CT.

Parent/Guardian signature _____ date _____

I_(student/parent) _____ **AGREE TO HOLD ALYSON'S SCHOOL OF DANCE AND IT'S EMPLOYEES HARMLESS IN THE UNLIKELY EVENT THAT I INCUR AN INJURY DURING PARTICIPATION IN A DANCE OR EXERCISE CLASS OR WHILE ON THE PREMISES. THIS AGREEMENT WILL RELEASE ALYSON'S SCHOOL OF DANCE FROM LIABILITY DURING MY PARTICIPATION IN CLASS AND ANYTIME I, OR ANY FAMILY MEMBERS ARE ON THE PREMISES. I UNDERSTAND THAT WITH ANY PHYSICAL ACTIVITY THERE IS A CERTAIN MINIMAL RISK FOR INJURY. I FURTHER UNDERSTAND THAT AN EXISTING PHYSICAL CONDITION WILL ELEVATE THAT RISK.**

Guardian /parents signature _____

Please print parent or guardian's name _____

Students Name (print) _____

Phone number _____ email _____

