

COVID-19 WAIVER

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected with COVID-19 by attending Ballet Rockland’s in-person classes, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. Although Ballet Rockland has taken measures to keep all children and parents safe, I understand that exposure to or infection with COVID-19 at Ballet Rockland may occur from the actions, omissions, or negligence of myself and others, including, but not limited to, Ballet Rockland directors, teachers, employees, agents, representatives, volunteers, students and their families.

I voluntarily agree to assume all of the foregoing and other related risks and accept sole responsibility for any injury to my child(ren) or myself, including all illness, death, damages, loss, claim, liability or expense of any kind, that I or my child(ren) may experience or incur in connection with my or my child(ren)’s attendance or presence at Ballet Rockland (“Claims”). On my behalf, and on behalf of my children and other household members, I hereby release, covenant not to sue, discharge, and hold harmless Ballet Rockland, its directors, teachers, employees, agents and representatives, of and from the Claims. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Ballet Rockland, its owners, teachers, employees, agents, and representatives, whether a COVID-19 infection occurs before, during or after participation or presence at Ballet Rockland.

By signing I warrant and agree that all members of my household are NOT experiencing and have NOT within the last two weeks experienced any of the following symptoms:

Fever in excess of 100 degrees Fahrenheit

Cough

Cold/Flu symptoms such as chills, muscle pain, headache or sore throat

Shortness of breath

Loss of sense of smell/taste

Positive COVID-19 test

Close contact with someone who has tested positive for COVID-19

I agree that if there is a change to the above at any point in time, I am obligated to and will notify Ballet Rockland. Ballet Rockland may, in that case, take whatever action it deems reasonable, including withdrawing a student from in-person classes. I further acknowledge and agree that this form and agreement is supplemental to the other regular policies and procedures of Ballet Rockland.

Dancer’s name printed _____

Parent’s name printed _____

Parent’s signature _____ Date _____