



## WAIVER OF LIABILITY AGREEMENT - ACTIVITY

THANK YOU FOR PARTICIPATING IN A CLASS ACT DANCE SPONSORED ACTIVITY! PLEASE READ THE FOLLOWING WAIVER CAREFULLY. BY SIGNING THIS DOCUMENT YOU ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH POLICIES STATED BELOW:

### WAIVER OF LIABILITY

1. DANCING, STRETCHING, OR PERFORMING IS A PHYSICAL ACTIVITY.
2. CLASS ACT DANCE AND THEIR INSTRUCTORS WILL BE HELD HARMLESS FOR ANY PERSONAL INJURIES; LOSS OF OR DAMAGE TO PERSONAL PROPERTY OCCURRING AT ITS PLACE OF BUSINESS OR AT ANY VENUE WHERE THEY MAY BE REHEARSING OR PERFORMING.
3. I ACKNOWLEDGE POLICIES HELD BY CLASS ACT DANCE WHICH RECOMMEND DOCTOR EXAMINATIONS FOR STUDENTS, ESPECIALLY UNDER 13 YEARS OF AGE, BEFORE PARTICIPATING IN ANY ACTIVITY WHICH MAY CAUSE OR PROGRESS ANY INJURY OR LIMITATIONS THE STUDENT MAY HAVE; TO CONSULT WITH A PHYSICIAN BEFORE PARTICIPATING IN ANY ACTIVITY IF YOU HAVE ANY DOUBT AS TO MY, OR MY CHILD'S PHYSICAL ABILITIES.
4. CLASS ACT DANCE CANNOT DISPENSE ANY MEDICATIONS, INCLUDING ASPIRIN.

I HAVE READ AND AGREE TO THE POLICIES STATED ABOVE:

ACTIVITY/DAY/TIME		DATE
PARENT NAME (PLEASE PRINT)		STUDENT NAME
ADDRESS, CITY, STATE, ZIP		
EMAIL		PHONE
SIGNATURE		

## **ASSUMPTION OF 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 EXTREMELY CONTAGIOUS AND IS BELIEVED TO SPREAD MAINLY FROM PERSON-TO-PERSON CONTACT. AS A RESULT, FEDERAL, STATE AND LOCAL GOVERNMENT RECOMMEND SOCIAL DISTANCING AND HAVE, IN MANY LOCATIONS, PROHIBITED THE CONGREGATIONS OF GROUPS OF PEOPLE.

CLASS ACT DANCE & PERFORMING ARTS STUDIO (CAD) HAS PUT IN PLACE PREVENTATIVE MEASURES TO REDUCE THE SPREAD OF COVID-19; HOWEVER, CAD CANNOT GUARANTEE THAT YOU OR YOUR CHILD(REN) WILL NOT BECOME INFECTED WITH COVID-19. FURTHER, ATTENDING ACTIVITIES AT CAD'S FACILITIES COULD INCREASE YOUR RISK AND YOUR CHILD(REN)'S RISK OF CONTRACTING COVID-19. DUE TO THE NATURE OF THE ACTIVITIES, THERE MAY BE TIMES WHEN INCIDENTAL CONTACT MAY OCCUR. DIRECT PHYSICAL ASSISTANCE WILL ALSO BE PROVIDED IN THE EVENT OF AN INJURY. BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND AGREE THAT INCIDENTAL CONTACT MAY OCCUR, AND I AGREE TO PERMIT MY CHILD(REN)'S A TEACHER TO PHYSICALLY ASSIST MY CHILD(REN) IF NEEDED.

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 BY COVID-19 BY ATTENDING ACTIVITIES AT CAD'S FACILITIES AND THAT SUCH EXPOSURE OR INFECTION MAY RESULT IN PERSONAL INJURY, ILLNESS, PERMANENT DISABILITY, AND DEATH. I UNDERSTAND THE RISK OF BECOMING EXPOSED TO INFECTED BY COVID-19 AT CAD'S FACILITIES OR WHILE PARTICIPATING IN CAD PROGRAMS MAY RESULT FROM THE ACTIONS, OMISSIONS OR NEGLIGENCE OF MYSELF AND OTHERS, INCLUDING WITHOUT LIMITATION CAD EMPLOYEES, PROGRAM PARTICIPANTS AND THEIR FAMILIES.

I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO MY CHILD(REN) OR MYSELF (INCLUDING WITHOUT LIMITATION 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 CAD'S FACILITIES OR PARTICIPATION IN CAD PROGRAMS ("CLAIMS"). ON MY BEHALF, AND ON BEHALF OF MY CHILD(REN), I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE AND HOLD HARMLESS CAD, ITS DIRECTORS, OFFICERS, EMPLOYEES, COACHES, VOLUNTEERS, REPRESENTATIVES, AGENTS, SUCCESSORS AND ASSIGNS (COLLECTIVELY, THE "RELEASEES") OF AND FROM THE CLAIMS, INCLUDING 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 OR NEGLIGENCE OF THE RELEASEES, WHETHER A COVID-19 INFECTION OCCURS BEFORE, DURING OR AFTER PARTICIPATION IN ANY CAD PROGRAM.

## **AGREEMENT TO COMPLY WITH POLICIES RELATING TO CORONAVIRUS / COVID-19**

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 RECOMMEND SOCIAL DISTANCING AND HAVE, IN MANY LOCATIONS, PROHIBITED THE CONGREGATIONS OF GROUPS OF PEOPLE. CLASS ACT DANCE & PERFORMING ARTS STUDIO HAS PUT IN PLACE PREVENTATIVE MEASURES TO REDUCE THE SPREAD OF COVID-19 AND IT IS IMPORTANT THAT ALL OF OUR PARENTS AND FAMILIES COMPLY WITH CAD'S POLICIES AND DO THEIR PART TO HELP MAINTAIN A SAFE AND HEALTHY ENVIRONMENT AT CAD'S FACILITIES.

BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT MY ACTIONS AS A PARENT OR LEGAL GUARDIAN WILL ALSO IMPACT THE SAFETY OF ALL OTHERS IN THE CAD FACILITIES. CAD IS COUNTING ON OUR FAMILIES TO HELP MEET THE PHYSICAL-DISTANCING AND PERSONAL HYGIENE STANDARDS RECOMMENDED BY THE CDC, THE STATE OF CALIFORNIA AND THE COUNTY OF SAN LUIS OBISPO. AS SUCH, I AGREE TO ABIDE BY THE FOLLOWING POLICIES, AS WELL AS ANY ADDITIONAL POLICIES THAT MAY BE ADOPTED BY CAD FROM TIME TO TIME:

1. WE URGE OUR STUDENTS TO WASH THEIR HANDS FREQUENTLY AND CERTAINLY BEFORE AND AFTER CLASS. WE WILL ALSO PROVIDE HAND SANITIZER AT STATIONS THROUGHOUT THE STUDIOS.
2. OUR CLASS AND PRACTICE SCHEDULE WILL CHANGE TO ALLOW FOR FEWER CHILDREN ENTERING AND EXITING THE BUILDING AT THE SAME TIME. WE WILL HAVE STAFF AVAILABLE TO DIRECT KIDS TO FIND THEIR CLASS AND ALSO TO GET OUTSIDE TO THEIR PARENTS AS NEEDED.
4. PLEASE DO NOT BRING YOUR CHILD OR YOURSELF IF EITHER OF YOU HAS A FEVER OR ARE NOT FEELING WELL AND INFORM THE OFFICE OF POSITIVE CASES AND/OR EXPOSURES.

I WILL DO MY PART TO HELP MAKE CAD SAFE BY COMPLYING WITH CAD'S POLICIES, INSISTING THAT MY CHILD WASH THEIR HANDS BEFORE ENTERING THE STUDIO AND WHEN ARRIVING AT HOME, AND BY SUPPORTING THE AMAZING TEACHERS AND STAFF AS THEY WORK HARD TO PROVIDE A SAFE PLACE TO DANCE.

**BY SIGNING THIS DOCUMENT I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH THESE POLICIES**

STUDENT/PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_