COVID-19 ASSUMPTION OF RISK AND LIABILITY WAIVER

KALYNA/UAFGR has put in place preventative measures to reduce the spread of COVID-19. However, KALYNA/UAFGR cannot guarantee that yourself (your child) will not become infected with COVID-19. Participation could increase your child’s risk of contracting COVID-19. Please read the following carefully. Your signature is an acknowledgement of your understanding and compliance.

**Related to participating in any KALYNA/UAFGR class or event, including but not limited to classes at 1040 Jackson Road, classes at any other location, and/or taking class online, I agree to the following:**

1. I acknowledge the contagious nature of the Coronavirus/Covid19 and the guidelines set by the CDC and other public health authorities.

2. I agree to keep my child home, and to contact the studio, if anyone in my family is experiencing any symptoms of the illness such as cough, fever, sore throat, shortness of breath or chills.

3. I further acknowledge that KALYNA/UAFGR cannot guarantee that I(my child) will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/Covid19 may result from the actions, omissions, or negligence of myself.

4. I acknowledge that I must comply with all procedures set by KALYNA/UAFGR, in accordance with the CDC, to reduce the spread.

5. I hereby release and agree to hold KALYNA/UAFGR harmless from, and waive on behalf of myself, and any personal representatives any and all causes of action, claims, demands, damages, cost, expenses, and compensation for damage to myself that may be caused by any act, or failure to act, of the dance studio, or that may otherwise arise in any way in connection with services received from KALYNA/UAFGR.

6. I understand that signing this release discharges KALYNA/UAFGR, any employee or staff, from any liability or claim against the studio with respect to any bodily injury, illness, death, medical treatment that arise from, or have connection too, any services received from KALYNA/UAFGR.

8. I understand that this liability waiver and release extends to KALYNA/UAFGR, together with all instructors, administration and staff members.

STUDENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_