

## Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

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 INSPIRE 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 at INSPIRE may result from the actions, omissions, or negligence of myself and others, including, but not limited to, INSPIRE employees, volunteers, and program participants and their families. INSPIRE Entertainment has put in place preventative measures to reduce the spread of COVID-19; however, INSPIRE cannot guarantee that you or your child(ren) will not become infected with COVID-19.

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 mychild(ren)'s attendance at INSPIRE or participation in INSPIRE programs ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless INSPIRE, 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, or negligence of INSPIRE, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any INSPIRE program.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not with the current limits in virus testing. I confirm that my child does not show any signs listed below and if they do, or any of my family members do, they will remain home and not attend any in-studio dance classes at INSPIRE for 14 days from the start of their symptoms.

- Fever
- Shortness of breath
- Cough or any flu like symptoms including GI upset, headache, fatigue
- Runny nose
- Sore throat
- Recent loss of taste or smell

PLEASE do not send your child to the studio if they are sick. This COVID-19 form will be used each day programs are held. Please know that for future classes and programs, this written consent form will be in effect. If you send your child to the studio, you are consenting to this form, and stating your child and any members of the home are negative for all of the Covid-19 symptoms stated above.

Parent Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Student(s) Name(s): \_\_\_\_\_

