

# DANCE REPUBLIC TRIAL CLASS PASS

Pass is good for 1 week starting on : \_\_\_\_\_

STUDENTS NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

STUDENTS NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

CLASS OR CLASSES: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

\_\_\_\_\_

I release Dance Republic from any and all responsibility for my child participating in dance class. The above student will participate at their own risk.

PARENT OR GUARDIAN SIGNATURE:

DATE:

\_\_\_\_\_

To Whom it may concern,

COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Dance Republic has put in place the above-referenced preventative measures to reduce the spread of COVID-19; however, Dance Republic cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Dance Republic in-person classes could increase your risk and your child(ren)'s risk of contracting 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 Dance Republic in-person classes, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. Although Dance Republic has taken the above-referenced measures to keep all children and parents safe, I understand that the risk of becoming exposed to or infected by COVID-19 at Dance Republic may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Dance Republic employees, representatives, volunteers, students 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 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 child(ren)'s attendance at Dance Republic ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Dance Republic, its 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 Dance Republic, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during or after participation at Dance Republic.

By signing you agree that your child(ren) is NOT experiencing the following symptoms:

- No fever for 2 weeks
- No cough
- No cold/flu symptoms such as chills, muscle pain, headache or sore throat
- No shortness of breath
- No loss of smell/taste
- No positive COVID-19 test
- No close contact with someone who tested positive for COVID-19

Should your experience change at any point in time, you are obligated to notify the studio. This form must be printed, signed and turned in to Dance Republic before your child(ren) may participate in "in person classes" starting May 18th, 2020. NO Staff or Students will be permitted without a signed Release Form.

\_\_\_\_\_ Parent Name Date

\_\_\_\_\_ Child(ren)'s Name(s)