

**COVID-19 RELEASE WAIVER
PLEASE COMPLETE ENTIRE FORM**

PARENT/GUARDIAN NAME*

FIRST NAME

LAST NAME

DANCERS NAME*

ADDRESS*

EMAIL-PARENT*

EMAIL-STUDENT*

CONTACT NUMBER*

COVID-19 RELEASE WAIVER (PLEASE TYPE FULL NAME BELOW)*

I hereby acknowledge the contagious nature of Covid-19 and other contagious diseases and viruses and voluntarily assume the risk that I and/ or my children may be exposed to or infected by Covid-19 by attending and participating 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 and other contagious diseases and viruses may result from the actions, omissions, negligence of myself and others, including but not limited to, employees, independent contractors, volunteers, and families. I release The Dance Shop, its instructors, independent contractors and all the associates from liability from harm, injury or death pertaining to Covid-19 and other contagious diseases and viruses. I understand that there are no refunds for registration fees, costume, recital fees or classes. I understand that if my dancers class gets cancelled due to weather, sickness, or any other issues arising from Covid-19 there is no refund for these missed classes. I understand that my student must have this release form signed before attending class.

Print Name _____

SIGNATURE*

By signing below, I am stating the above name is my own and I have signed it of my own accord and I agree to all the terms and conditions contained in the Covid-19 Release Waiver

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