

Karen's School of Dance 2020-2021 Health Screening and Waiver:

In order to participate in classes for the 2020-2021 dance season, you are required to participate in the following ongoing health screening before each class throughout the 2020-2021 dance season to prevent the spread of COVID-19. This form will remain on file at the studio. Your dancer will have to answer the following questions and be temperature checked upon arrival.

I, the undersigned, attest truthfully and to the best of my knowledge. By signing, I also recognize the expectation of maintaining social distancing by keeping a six-foot radius between myself and others. (Please enter your first and last name below)

Dancer's Name: _____

Parent Signature: _____

1. Before attending class, I have NOT come in close contact with anyone in the last 14 days with a diagnosis of COVID-19?
2. Before attending class, I have NOT experienced a fever of at least 100.4 or higher in the last 72 hours?
3. Before attending class, I have NOT experienced a cough (excluding chronic cough) in the last 72 hours?
4. Before attending class, I have NOT experienced shortness of breath in the last 72 hours?
5. I have checked my temperature before arriving at the studio.

Covid - 19 Consent Form

I, _____, knowingly and willingly consent to have my child participate in programs with Karen's School of Dance, Inc. ("KSD") during the global COVID-19 pandemic. 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 before arriving at studio for scheduled classes throughout the 2020-2021 dance season that my child and members of my household have not in the past 14 days had any of the following symptoms of COVID-19 listed below:

- 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.
- I understand that certain travel may increase risk of contracting and transmitting the COVID-19 virus. In addition, the CDC recommends social distancing of at least 6-feet for a period of 14 days to anyone who has traveled to potentially affected areas of COVID-19. Therefore, I

verify that my child, nor anyone in my household, have not traveled outside the United States in the past 14-days to countries that have been affected by COVID-19.

I will hold harmless and indemnify, Karen's School of Dance, Inc., its teachers, associates, employees, successors, assigns, legal representatives, organizers, sponsors, and supervisors, against any claims, and actions, in connection with, relating to, involving, any programs with KSD during this Covid-19 pandemic. Please be advised that there may be risks in being in the proximity of other people. We are taking many precautions to limit the spread of disease, yet there is still a possibility of transmission. I make this decision for my child of my own free will relying upon my knowledge and judgment of any injury they may have sustained or possible transmission of COVID-19 during participation in programs and my decision to hold harmless and indemnify KSD has not been affected by any false statements or representations pertaining to those injuries. I understand that this action is my decision. Accordingly, this agreement is not an admission of any liability regarding KSD, its teachers, associates, employees, successors, assigns, legal representatives, organizers, sponsors, and supervisors, against any claims, and actions. I have carefully read this consent form and understand its contents, and I am signing it of my own free act.

PLEASE do not send your child to the studio if they are sick. This Covid-19 screening and consent to participate will apply to the entire 2020-2021 dance season and each day programs are held. Please know that for future classes and programs this written consent form will be in effect, and your consent plus negative Covid-19 screening will be shown by sending your child to the program. If your child or someone in the home has any of the symptoms above, please do NOT send your child to the studio. 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/Guardian

Signature: _____ Date: _____ Child's Name _____