

# DDC

## DOMINIQUE'S DANCE CREATIONS

*"DARE TO BE DIFFERENT"*

### COVID-19 Liability Release Form

I release Dominique's Dance Creations, its instructors, independent contractors, and all other associates from liability for harm, theft, or injury that may be suffered by me and/or members of my family traveling to or from or during participation in activities and programs sponsored by Dominique's Dance Creations. I hereby acknowledge that I am voluntarily assuming full responsibility for all risks of physical injury arising out of active participation in a dance class or other dance related activities. I 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, or negligence of myself and others, including, but not limited to, employees, independent contractors, volunteers, and program participants and their families. I release Dominique's Dance Creations, its instructors, independent contractors and all associates from liability for 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 I or someone I was in contact with has COVID-19, I must notify the studio immediately. I understand and agree to Dominique's Dance Creations policies, procedures and guidelines. I understand that my student must have this release form signed before attending class. I give permission to use pictures and or video of my child for advertising purposes in print, promotional videos and on the website. I understand and have read all the studio and policy information.

Please Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Childs Name: \_\_\_\_\_

Date: \_\_\_\_\_

Director: \_\_\_\_\_

Witness: \_\_\_\_\_