

Guibord's wants to keep its dance families safe as possible  
Please sign and return this waiver with your Registration Form  
Thank you!

### Covid-19 Release Waiver

Parent/Guardian Name: \_\_\_\_\_  
Dancers Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

I release Guibord's North Country School of Ballet, its instructors, independent contractors, and any other associates for harm or injury suffered during participation in dance classes at Guibord's.

I understand that the common symptoms for Covid-19 are: Fever/Dry Cough/Tiredness

I state that I do not, or any member of my household currently has not any of the above symptoms in the past 14 days. As well as no one in my house is diagnosed with Covid-19.

I acknowledge that if any member of my household has knowingly been exposed to someone diagnosed with Covid-19 within the past 30 days I will inform Guibord's and stop taking classes for a period of 14 days.

I will inform Guibord's if I or any member of my household travels outside the United States to what is considered a "hot spot". I will stop taking classes for a period of 14 days.

I understand that Guibord's cannot be held liable for exposure to Covid-19 virus especially if misinformation is provided by a student or his/her family.

By signing this document I acknowledge that I have read and understand the above contents. That I am at least eighteen (18) years old and fully competent to give my consent. That I have been sufficiently informed of the risks involved and give my voluntary consent in signing.

This waiver will remain effective until laws and mandates relevant to Covid-19 are lifted.

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Sign your name

\_\_\_\_\_  
Date