

## Covid-19 Liability Waiver

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic due to its capacity to transmit from person-to-person through respiratory droplets.

In consideration of my participation, or that of my child, in classes, performances, activities, or gatherings with Giving Arts Dance Project, the undersigned acknowledge and agree to the following:

I hereby declare the following:

- I am, or my child is fully and personally responsible for my own safety and actions during my participation and I recognize that I may be at risk of contracting COVID-19.
- With full knowledge of the risks involved, I hereby release, waive, discharge Giving Arts Dance Project, independent contractors, instructors, affiliates, representatives, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.
- I agree to indemnify, defend, and hold harmless Giving Arts Dance Project from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its 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 it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

### Student Name

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

### Parent/Guardian Name

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

Student Signature if over 18: \_\_\_\_\_

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