*Carousel Dance Studio*

*23715 Roscoe Blvd.*

*West Hills, CA 91304*

*(818) 347-9926*

[*www.carouseldancestudio.com*](http://www.carouseldancestudio.com)

I, (student name) am a fully vaccinated individual, and am choosing to remove my mask while inside the dance room during classes at Carousel Dance Studio. I will continue to wear a mask while in any common areas with unvaccinated individuals while at the studio. I have also showed a Carousel Dance Studio staff member a copy of my vaccination card.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Carousel Dance Studio has put in place preventative measures to reduce the spread of COVID-19; however, Carousel Dance Studio **cannot guarantee that you will not become infected with COVID-19**. Further, participation could increase your risk of contracting COVID-19.

I acknowledge the contagious nature of COVID-19 by participation; 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 at Carousel Dance Studio may result from the actions, omissions or negligence of myself and others, including, but not limited to, Carousel Dance Studio’s employees, volunteers, and program participants and their families.

**I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at** Carousel Dance Studio.

On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Carousel Dance Studio, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Carousel Dance Studio, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at Carousel Dance Studio

***PLEASE TURN OVER FOR PAGE 2***

I represent that I have adequate insurance to cover any injury or illness I may sufferor cause while participating in this activity, or else I agree to bear the costs of such injury or

illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**