



## COVID -19 LIABILTY WAIVER

Due to the COVID-19 pandemic, we are taking extra precautions. Please answer these questions truthfully so we may continue to do our best to stop the spread.

### PRIMARY SYMPTOMS OF COVID-19 MAY INCLUDE:

- Cough or a chronic cough that is worsening
- Sore throat
- Runny nose
- Fever
- New or worsening shortness of breath or Difficulty breathing

### SECONDARY SYMPTONMS OF COVID-19 MAY INCLUDE:

- Headache
- Stuffy nose
- Chills
- Painful swallowing
- Muscle or joint pain
- Loss of sense of smell and taste
- Gastrointestinal symptoms
- Pink eye (conjunctivitis)

I, \_\_\_\_\_, accept the following affirmations when I and my children/ward  
(Name of Parent/Guardian/dancer if 18 and older)

Name Dancer: \_\_\_\_\_ enter and/or take classes at Jade's Hip Hop Academy (JHHA), 1310  
Steeles Ave. E. Unit 6, Brampton L6T 1A2.

- I understand the above mentioned symptoms and affirm that I, as well as all members of my household, do not currently have nor have experienced COVID-19 symptoms or have been diagnosed with COVID-19 within the last 14 days.
- I affirm that, to my knowledge, in the last 14 days I and all members of my household, have not been in contact with anyone who has been diagnosed with COVID-19.
- I affirm that if I, or any member of my household, travelled outside of Canada in the last month, I/we isolated ourselves in my home for 14 days upon return.
- I affirm that after this date forward, I and/or my children will exclude ourselves of the programs and/or entering Jade's Hip Hop Academy premises' for 14 days if we experience any of the COVID-19 symptoms or are diagnosed with Covid-19, if I and any member of my household have taken a trip outside Canada or to any city in Canada considered to be a "hot spot" for COVID-19 and if we are aware that I and any member of my household have been in contact with someone who has been diagnosed with COVID-19.
- I affirm that I will conduct our own health assessment prior to arriving at JHHA. This includes checking temperature which should be below 38° Celsius and for any COVID-19 symptoms.
- I understand JHHA will deny entry and/or send home anyone who they deem is experiencing any of the above symptoms.
- I understand that JHHA cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each parent/guardian and/or student.

Parent/guardian/dancer if 18 and older Signature \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

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