

Medical Waiver

I _____ give permission to Tori Melby and DW Staff to accompany my child
(Name of guardian)

_____ and authorize treatment for my child in accordance with the office
(Name of child)

policy of Dancer's Workshop. This includes bringing the child into the office of _____, or
(Your Preferred Doctor's Office)

Central Carolina Hospital providing a history of present illness, disclosure of protected health information, witnessing any physical exam completed by the provider, and responsibility for relaying any diagnosis, treatment plan or prescription(s) to the parent or legal guardian mentioned above. I agree to be available by phone and to be financially responsible for all co-pays and coinsurance.

This authorization is effective on: _____ and expires ___ June 21, 2022 _____.
(Today's date)

(Signature of Parent/Legal Guardian)

Child's Name: _____ Child's Date of Birth: ____/____/____

Home Phone: ____ - ____ - _____ Parent Cell Phone: ____ - ____ - _____

Parent Work Phone: ____ - ____ - _____

Emergency Contact Information for Parents/Guardians:

Where/how can you be contacted in case of emergency? _____

Phone: ____ - ____ - _____

Health Insurance Information

Insurance Company: _____ Policy Holder: _____

ID Number: _____ Group Number: _____

Effective Date: ____/____/____ Copay: _____

Child's Health Information

Current prescribed or over-the-counter medications and dosages:

Allergies, illnesses or other information?

COVID-19 Waiver

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

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. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Dancer's Workshop of Sanford has put in place preventative measures to reduce the spread of COVID-19; however, Dancer's Workshop cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Dancer's Workshop could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Dancer's Workshop 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 Dancer's Workshop may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Dancer's Workshop 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 my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Dancer's Workshop or participation in Dancer's Workshop programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Dancer's Workshop, 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 Dancer's Workshop, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Dancer's Workshop program.

Signature of Parent/Guardian Date Print Name of Parent/Guardian

Name of Dancer's Workshop Participant