

COVID-19 WAIVER

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and other public health authorities still recommend practicing social distancing.

* I acknowledge that WSYB has put in place preventative measures to mitigate the spread of the Coronavirus/COVID-19.

* I acknowledge that Washington State Youth Ballet can't guarantee that I, or my child, will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself, or my child, and others, including, but not limited to, WSYB staff, other students and families.

* I acknowledge that taking dance classes provided by WSYB increases the risk of exposure to the Coronavirus/COVID-19. I acknowledge that I, and my child (student), must comply with all set procedures to reduce the spread while attending WSYB classes.

* I acknowledge that I will do my due diligence in self monitoring, or monitoring my child, prior to attending class by reviewing the following health and safety checks for myself or my child:

- I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

-I have not traveled internationally to highly impacted regions within the last 14 days, or to a highly impacted area within the United States in the last 14 days.

-I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19. I have not been diagnosed with Coronavirus/Covid-19.

-If I have tested positive for COVID- 19, I have gone through the necessary isolation and quarantine periods and have been cleared formally through state or local health authorities.

* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

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LIABILITY RELEASE: I do hereby agree to release the Washington State Youth Ballet and all other cooperating agencies, employees, officials, or managers thereof, from all liability for damages by reason of injuries or property damages that may be sustained as a result of participation in this program.

Name of Student: _____

Parent Signature: _____

Date: _____

Student Signature (if over 18): _____

Date: _____