

THE DANCE SHOPPE

3316 W. BELL RD. #D, PHOENIX, AZ. 85053

602 866-1587

thedanceshoppez.com

Risk and Release

I understand that it is the express intent of The Dance Shoppe to provide for the safety and protection of me and/or my child(ren). In consideration for allowing me and or my child(ren) to use these facilities, I hereby forever waive and release The Dance Shoppe, its officers, employees, teachers and agents, from all liability for any and all damages and injuries suffered by me and or my child(ren) while under the instruction, supervision, or control of The Dance Shoppe.

I confirm that the named persons below are in good health and have no known physical impairments that would cause harm to the named persons below by participation in this program.

I also agree to individually provide for the possible future medical expenses which may be incurred by my child(ren) or me while taking classes, training at, or performing for The Dance Shoppe.

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 The Dance Shoppe in-person classes, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself, including illness, death, damages, 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 The Dance Shoppe. On my behalf, and on behalf of my children, I therefore hereby release, covenant not to sue, discharge, and hold harmless The Dance Shoppe, its employees, agents and representatives, of and from all claims to the extent permitted by law.

I give permission to use photography and recording of my child in advertisement and or social media

By signing I agree that me or my child(ren) is/are NOT experiencing the following symptoms before coming to dance class:

- No fever for 2 weeks
- No cough
- No cold/flu symptoms such as chills, muscle pain, headache or sore throat
- No shortness of breath
- No loss of smell/taste
- No positive COVID-19 test
- No close contact with someone who tested positive for COVID-19

Parent _____ - date _____
signature

Student(s) Name _____
Student signature if 18+ years old