

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19
ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.

CENTER STAGE DANCE LLC cannot prevent you [or your child(ren)] from becoming exposed to, contracting, or spreading COVID-19 while utilizing CENTER STAGE DANCE LLC services or premises. It is not possible to prevent against the presence of the disease. Therefore, if you choose to utilize CENTER STAGE DANCE LLC services and/or enter onto CENTER STAGE DANCE LLC premises, you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

In consideration of being allowed to participate on behalf of **Center Stage Dance, LLC** and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.

I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to utilize CENTER STAGE DANCE LLC services and enter CENTER STAGE DANCE LLC premises. These services are of such value to me and/or to my children, that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize CENTER STAGE DANCE LLC services and premises in person. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Center Stage Dance, LLC their instructors, independent contractors, customers, observers, officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, building and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I hereby forever release and waive my right to bring suit against CENTER STAGE DANCE LLC and its owners, independent contractors, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing CENTER STAGE DANCE LLC services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.

WAIVER OF LAWSUIT/LIABILITY: I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Name of Student _____ Name of Parent or Guardian _____

Signature of Parent or Guardian _____ Date _____

