

STUDIO _____

COVID-19 PANDEMIC RELEASE FORM

I _____ the parent of _____ knowingly and willfully consent to myself and dancer the following information below for attending Hollywood Dance Jamz Convention during the COVID-19 Pandemic. _____(Initial)

I understand that the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and could still be contagious. I understand that it is impossible to determine who has it and who does not, given current limits in virus testing. _____ (Initial)

To prevent the spread of contagious viruses and to help protect each other, I and all in my party, understand and will follow Hollywood Dance Jamz guidelines including wearing a face mask that covers my nose and mouth in all public areas as well as during classes. _____(Initial)

I affirm that I, as well as all household members, have not knowingly been exposed to anyone or have been diagnosed with COVID-19 within 14 days prior from the start of the event date. _____ (Initial)

If I have been exposed to the virus, I can, and agree to, provide a NEGATIVE test result by event date. _____(Initial)

I confirm that I am not presenting any of the following symptoms of COVID-19 and I am willing to have my temperature taken. _____(Initial)

- *Fever/Chills
- *Shortness of Breath/Difficulty Breathing
- *Loss of Sense of Taste or Smell
- *Muscle Pains
- *Dry Cough/Sore Throat

HOLLYWOOD DANCE JAMZ abides to the same standards listed above. We also affirm that we have taken every precaution to fight the spread of COVID-19 and other communicable conditions. By attending a HOLLYWOOD DANCE JAMZ event, you acknowledge that an inherent risk of exposure to COVID-19 exists in any public place where people are present. With attendance, you assume all risks related to exposure to COVID-19.

By signing below, I agree to each statement and release HOLLYWOOD DANCE JAMZ, all staff, all faculty, and production crew from any and all liability for unintentional exposure or harm due to the COVID-19 virus.

Dancer's Full Name _____

Guardian's Printed Name _____

Guardian's Signature _____ Date _____

Email Address _____ Phone _____