



COVID-19 PANDEMIC RELEASE FORM

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

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. It is impossible to determine who has it and who does not, given the 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 Vibe's guidelines including wearing a face mask covering 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 a 14 day period from start of the event date. _____ (initial)
If I have been exposed to virus, I can provide a Negative Test Result by event date.

I confirm that I am not presenting any of the following below symptoms of COVID-19 below 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 VIBE DANCE PRODUCTIONS INC. abides by 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 Hollywood Vibe Dance Productions 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 Vibe Dance Productions, Inc, all staff, all faculty, and production crew from any and all liability for unintentional exposure or harm due to COVID-19 virus.

Dancer's Full Name _____

Guardian's Printed Name _____

Guardian's Signature _____ Date _____

Email Address _____ Phone Number _____