

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in June Taylor School of Dance (hereinafter referred to as "JTSD") programs, the undersigned acknowledges, appreciates, and agrees that:

1. 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; and,
2. 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; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest owner/teacher immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, JTSD, its owners, officers, agents, and/or employees, owners and lessors of premises used ("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; and,
5. I have obtained my own medical insurance for my minor child/ward and will seek recovery and exhaust the claims from my medical insurance provider.

JTSD has taken steps to implement recommended guidance and protocols issued by Oregon Health Authority (OHA) for slowing the transmission of infectious diseases, including COVID-19. **The undersigned acknowledges and agrees that JTSD may revise its procedures at any time based on updated recommended guidance and protocols issued by the OHA and other Public Health Agencies and further agrees to comply with JTSD's revised procedures prior to utilizing the facilities and programs.** . The undersigned further acknowledges and agrees that due to the nature of dance, social distancing of 6 feet per person among children may not be possible at every moment despite best efforts. I acknowledge that transmission of COVID-19 may still happen in the community and even at the studio. I agree to hold harmless and specifically waive any COVID-19 claim against the owners, officers, agents, and/or employees, owners and lessors and acknowledge this waiver by my signature

In addition, the undersigned acknowledges that COVID 19 infections have been confirmed throughout the United States. In accordance with the most recent guidelines issued by the Centers for Disease Control and Prevention (CDC), <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html> and OHA <https://govstatus.egov.com/OR-OHA-COVID-19>, we request that all participants refrain from entering the studio, or leave the studio immediately if s/he has symptoms of COVID-19, including, but not limited to, cough, chills, fever, sore throat, muscle pain, shortness of breath or difficulty breathing, new loss of sense of taste or smell. We also request any participant who has been in close contact with anyone with these symptoms or anyone who has been diagnosed with COVID-19 in the past 14 days to refrain from attending our program. We reserve the right to seek information to screen students concerning symptoms of COVID-19, as well as any questions to assist OHA in contact tracing; failure to respond may lead to refusal to participate in our programs.

This is to certify that I, as parent/guardian, with legal responsibility for this student, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law. **I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Print Name of Minor Child/Ward

Print Name of Parent/Guardian

/s/_____
Signature of Parent/Guardian

Date