

Covid-19 Release Waiver

Abigail Francisco School of Classical Ballet, LLC

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of large groups of people. Abigail Francisco School of Classical Ballet, LLC has put in place strong preventative measures to reduce or eliminate the spread of COVID-19 during any and all studio classes and programs.

By signing this agreement, 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 classes at Abigail Francisco School of Classical Ballet, LLC and that such exposure or infection may result in any type of personal injuries. I understand that the risk of becoming exposed to or infected by COVID-19 at Abigail Francisco School of Classical Ballet, LLC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, instructors, program participants and their families.

I recognize that dance is a physical art and injuries may occur, yet I do hereby voluntarily release and forever discharge the Abigail Francisco School of Classical Ballet, LLC, its agents, employees, instructors and representatives from all claims, demands or claims for relief which may arise from or relate to any and all injury from participation in dance at the Abigail Francisco School of Classical Ballet, LLC. This shall include, but not be limited to, any and all activities in the dance school, directly or indirectly around the dance school, or in any other place so designated by the Abigail Francisco School of Classical Ballet, LLC including performances and other activities. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, 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 or participation in studio programming. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Abigail Francisco School of Classical Ballet, LLC, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand that I should be aware of any potential physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

Further, I understand that in the instruction of dance and in particular, ballet, the touching of the student by the instructor may occasionally occur. I also understand that with the pandemic of the novel coronavirus, Covid-19, all corrections made in class to assist the student in the proper

alignment and execution of dance steps will be made verbally from the teacher to the student, and understand that no physical touching will occur.

I understand that video cameras are installed in the studio to ensure the safety and well being of myself and/or my child. The information contained on these tapes will be secure and accessible by authorized personnel only.

I have read this document and fully agree and understand that it is a release of all claims. I understand that my child(ren) must have this release form signed before attending class. By signing below I am stating that I have signed this document on my own accord and I agree to all the terms and conditions contained in the COVID-19 Release Waiver. In an emergency situation, I hereby grant permission for a staff member at the Abigail Francisco School of Classical Ballet, LLC, to seek emergency medical treatment for my child or myself.

Students Name

Parent/Guardian Signature

Parent/Guardian Printed Name

Date