



## COVID-19 Screening and Consent Form

I, \_\_\_\_\_, knowingly and willingly consent to have my child participate in programs with Michelle's Studio of Dance during the global COVID-19 pandemic. I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show signs and symptoms and still be highly contagious. It is impossible to determine who has it and who does not with the current limits in virus testing.

By sending my child to dance, I confirm that my child and members of my household have not in the past 14 days had any of the following symptoms of COVID-19 listed below:

- Fever greater than 100.4 degrees Fahrenheit
- Cough
- Shortness of Breath
- Flu like symptoms including GI upset, fatigue, body aches, or muscle pain
- Chills or repeated shaking with chills
- Sore Throat
- Headache
- Sudden loss of taste or smell

By sending my child to dance I further confirm that he/she has not been exposed to a person under investigation for COVID-19, or a person diagnosed with COVID-19, in 14 days prior to any dance class attended.

I understand that certain travel may increase risk of contracting and transmitting the COVID-19 virus. In addition, the CDC recommends quarantine of 14 days. Therefore, I verify that my child, nor anyone in my household, have not traveled outside of Massachusetts in the past 14-days. If we do travel outside the state of Massachusetts, we will notify the studio and agree to the guidelines for out of state travel.

I will hold harmless and indemnify, Michelle's Studio of Dance, teachers, associates, and employees against any claims, and actions, in exchange for programs with Michelle's Studio of Dance during this Covid-19 pandemic.

Please be advised that there may be risks with being in the proximity of other people. We are taking precautions to limit the spread of the disease and following Massachusetts Reopening: Mandatory Safety Standards for Workplaces, yet there is still possibility for transmission. I make this decision for my child of my own free will relying upon my knowledge and judgement of any

injury they may have sustained or possible illness, including the transmission of COVID-19, during participation in programs, and my decision to release has not been affected by any false statements or representations pertaining to those injuries or illnesses. I understand that this action is my decision.

PLEASE do not send your child to the studio if they, or any member of your household, are experiencing any of the signs and symptoms of COVID-19, as outlined above. This COVID-19 screening and consent to participate will be used each day programs are held. This written consent will be in effect for future classes and programs, and by sending your child to the studio you are consenting to continued negative responses to COVID-19 signs and symptoms. If your child or someone in the home has any of the symptoms listed above, they may not attend class at the studio. This season we will be offering virtual classes for those families not comfortable with coming back to the studio or for those that need to quarantine at any point during the season. I understand that my full monthly tuition installment will be applied to my account and due each month whether my dancer participates virtually or in person during the 2020-2021 season.

I agree to abide by all current and future COVID-19 safety guidelines set in place by Michelle's Studio of Dance in accordance with the state of Massachusetts. By sending your child to the studio and signing this waiver, you are consenting to this form, and stating your child and any and all members of the home are not exhibiting any of the signs and symptoms of COVID-19, as outlined above, and any and all members of the home have not been exposed to a person under investigation for COVID-19, or a person diagnosed with COVID-19 in the last 14 days.

Parent/Guardian Signature: \_\_\_\_\_

Parent Parent/Guardian Name (print): \_\_\_\_\_

Child's Name (print): \_\_\_\_\_

Date: \_\_\_\_\_