



AVANT GARDE THEATRE OF DANCE COVID-19 LIABILITY WAIVER

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, wearing a face mask and have, in many locations, prohibited the congregation of groups of people.

Avant Garde Theatre of Dance has put in place preventative measures to reduce the spread of COVID-19; however, Avant Garde Theatre of Dance cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Avant Garde Theatre of Dance could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I agree that I will not participate in or send my child to any Avant Garde Theatre of Dance on-site programming, including studio classes, summer camps, workshops, etc. if I/my child show any of the following symptoms of Covid-19.

By signing this agreement, I agree that I will not send my child to any Avant Garde Theatre of Dance on-site programming if they show any of the following symptoms of Covid-19. Symptoms may include, but not limited to:

- Fever of 99.5 in the last 72 hours
- Persistent cough
- Difficulty breathing
- Chills
- Muscle pain
- Sore throat
- Loss of taste or smell

By signing below I also acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation. This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

STUDENT FULL NAME:

LEGAL GUARDIAN/PARENT/CAREGIVER/PARTICIPANT SIGNATURE:

DATE: _____

PRINTED NAME: _____

***Please email the completed form to avantgardetheatreofdance@gmail.com**