

Parent Re-Opening Agreement & COVID19 Waiver/Release Form Page 1

Doing my part to keep CTSOD and my favorite dancer safe.

I want to do my part to help CTSOD keep my child(ren), his/her teammates, the teachers, other families, and everyone else at the studio as safe as possible under the Covid-19 pandemic. I have read, understood and agree to follow the following policies and procedures.

I understand and agree that:

- I will drop my dancer off and pick her/him up at the front door to the studio on time.
- Only one parent or guardian will be allowed to enter the building at the main entrance should your dancer need assistance using the restroom.
- Temperature checks will be taken upon entering.
- I am required to wear a mask upon entering the facility.
- I am aware that my child may wear a mask during classes but that she/he is not required to do so except when entering and leaving.
- There will be no observation inside the building. Please make use of the streaming videos to watch your child's class.
- There will be no hands-on manipulating, adjusting, or spotting dancers until it is deemed safe to do so.
- I will support the social distancing standard of 6' to 10' while on the studio property (walkways, lawn, parking lot, inside the building)
- Practice start and end times will be staggered to insure time for the dancers to get in and out of the studio safely, to provide time to wipe down the studios and waiting areas between each practice, and for teachers to thoroughly wash their hands.
- My dancer will have regular opportunities to use the hand sanitizer available in all areas of the facility.
 - My dancer will use the restroom and wash his/her hands thoroughly before leaving home and while at the studio as needed.
- My dancer will bring his/her clearly marked bag to the studio each day with all recommended items included.
- I will have my dancer wash hands and feet thoroughly upon arriving back home and his/her bag will be cleaned upon arriving home and again before he/she brings it back into the studio.
- I agree to keep my dancer home if he/she or anyone in my family is coughing, has a temperature over 100, or other Covid-19 symptoms.

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- If my dancer or anyone in our household is exposed to COVID 19, I agree that I will keep my dancer home for the recommended period of 14 days.
- I understand and agree that these procedures will change and evolve over time and that I will follow any new standards required by the State of Massachusetts and/or CTSOD.
- I understand that the teachers and everyone at the studio will make a strong effort to maintain social distancing but that there will be times when incidental contact and less than prescribed physical distancing may occur.
- I understand that I am voluntarily allowing my child to participate in programs and activities offered by CTSOD, knowing that it is impossible to keep him/her, myself or anyone else who enters the studio completely safe from any infectious disease.

By signing below I acknowledge, agree and understand the foregoing guidelines. My signature below is also an acknowledgement that I understand that CTSOD is taking precautions and preventive measures to reduce the risk associated with COVID 19. I further acknowledge and understand that there is no way to guarantee that anyone entering the studio will not contract COVID 19. 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 and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the studio may result from the actions, omissions, or negligence of myself and others, including, but not limited to, studio employees, dancers, and their families.

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 at the studio or participation in studio programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, waive discharge, and hold harmless CTSOD, its employees, agents, and representatives, of and from any and all Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the studio, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any dance program.

I hereby understand, agree and accept the foregoing precautions and risks.

✓I have read the above and agree.

Signature

Print Name

Date

Release of Liability/ Assumption of Risk

Because of the extreme cost, cost that would have to be passed on to our clientele in the form of higher tuition for all, you accept the responsibility of providing coverage for the individual that you register at CTSOD. You enroll your child(ren) in the CTSOD programs with the understanding that physical activity entails a certain amount of risk towards bodily injury. You hereby release CTSOD and its employees of liability and suits of law in equity for injury resulting from the activities, this includes your heirs.

✓I have read the above and agree.

Signature _____ Print Name

Date

Insurance

It is the policy of CTSOD that all parents provide their own insurance.

✓I have read the above and agree.

Signature _____ Print Name

Date