

LOFT DANCE THEATER ARTS

Liability Waiver Form

page 1

Revised 7/11/22

I realize that participation in dance classes and activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I (self/parent/guardian) assume all risks related to the use of any and all physical and online spaces used by **Loft Dance Theater Arts (LDTA)**.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization (WHO). COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Loft Dance Theater Arts has put in place the preventative measures to reduce the spread of COVID-19; however, Loft Dance Theater Arts cannot guarantee that your child(ren) will not become infected with COVID-19. Further, attending classes at Loft Dance Theater Arts or events sponsored by Loft Dance Arts in-person could increase your risk and your child(ren)'s risk of contracting COVID-19. By signing this form, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed or infected by COVID-19 by attending in-person classes and events. I acknowledge and accept the risk that such exposure may result in personal injury, illness, permanent disability and death.

By signing you agree that you and your children will adhere to the class/facility rules

- Wearing a Mask - currently optional but we will follow all state recommendations as needed.
- Studio lobby is currently open; however, please be aware it is a small space and at certain times busy especially at times of class transition. Parents may wait outside in their cars or on our sidewalk, if you need to speak with staff please connect with us at the front desk and we are happy to also come outside to connect and speak with you.
- One small bag is allowed with dance shows, a non-sharable healthy snack & Water bottle labeled with your child's name. We do not provide disposable cups for water.
- Temperature checks are no longer required but if needed is possible if a child does not feel well
- Attend **ONLY** if you have had:
 - **NO** fever for two weeks
 - **NO** cough
 - **NO** cold/flu symptoms such (chills, muscle pain, headache or sore throat)
 - **NO** shortness of breath
 - **NO** loss of smell/taste
 - **NO** current positive COVID-19 test
 - **NO** close contact with someone who tested positive for COVID-19 in the past 30 days
 - **NO** pending COVID-19 test results

I grant permission to the staff of the dance studio to take first aid or emergency measures as judged necessary for the care and protection of myself or my child(ren) while under the supervision of the studio. In case of medical emergency, I understand that I or my child(ren) will be transported to an appropriate medical facility by the local emergency unit for treatment if the emergency unit deems it necessary

LOFT DANCE THEATER ARTS

Liability Waiver Form

page 2

Revised 7/31/20

I understand that in some medical situations the staff will need to contact the emergency resource before the child(ren)'s parent, or other person acting on the parent's behalf. I also understand and agree that the child(ren)'s parents or legal guardians shall be responsible for any expenses incurred.

As myself or parent/legal guardian of _____, I agree to hold harmless from any and all liability **Loft Dance Theater Arts**, its officers, employees both in their professional capacity and personally for all injury, illness, or loss of or damage to personal property, resulting from or in any way connected with my/his/her participation in the physical and online classes, activities or special events at the studio which may occur on the premises before, during or after classes. I further agree to waive any claims or cause of action that I may have and to indemnify and hold **Loft Dance Theater Arts**, its owners, agents, and employees, harmless from and against any and all claims and demands, causes of action, losses, damages or expenses related in any way, directly or indirectly to myself or my child(ren)'s participation online or physically at **Loft Dance Theater Arts**. Furthermore, I and my child(ren) agree to obey the class and facility rules (see list below) and take full responsibility for my child(ren)'s behavior in addition to any damage he or she may cause to owners, employees, agents or facilities, utilized by **Loft Dance Theater Arts**.

I understand it is the studio's policy that while under the supervision of the school, no child is allowed to leave the building without a parent/legal guardian and I assume full responsibility for the actions and behavior of the child(ren).

For myself or as parents/legal guardians of this child(ren), I give permission to LDTA to use photos and or video of this child/children without payment in connection with studio publications, advertising, TV, social media, and news coverage in perpetuity. Registration is for the full August to June annual season; payments are not prorated and are non-refundable.

Student's Full Name _____ Birthdate _____ Age _____

Parent/ Guardian Name _____ Cell _____

Parent/Guardian Signature _____ Date _____

Office use:

Trial Class/es

Day: Time: Class Instructor:

Date Taken

1. _____
2. _____
3. _____