

## **Favorite's Dance Academy COVID-19 Acknowledgement**

The novel Coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is considered to be highly contagious and spread mainly by 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.

Favorite' Dance Academy has put in place preventative measures recommended by the Arkansas Department of Health and the CDC to reduce the risk of the spread of COVID-19. However, Favorite's Dance Academy cannot guarantee that your child will not become infected with COVID-19 . Further, attending Favorite's Dance Academy could increase your risk and your child's risk of contracting COVID-19.

In order to maintain the quality of care that Favorite's Dance Academy is committed to providing and to retain our high-quality staff, the following guidelines have been put into place. Please take the time to read each of these, initial where required, and then sign and date the bottom of the form.

I understand that there may come a time when Favorite's Dance Academy will be required to close due to a positive COVID-19 case in a staff member or child enrolled in our program. I acknowledge that during that time of closure I will be required to pay my child's full tuition amount. The amount of time that Favorite's Dance Academy may be closed is based on the guidance of the Arkansas Department of Health

Parent Initials:\_\_\_\_\_

I understand that if the Governor of Arkansas issues a statewide school closure or stay-at-home order, Favorite's Dance Academy will also close. I acknowledge that during the closure I will be required to pay my child's full tuition amount.

Parent Initials:\_\_\_\_\_

I understand that if anyone in my child's household has been exposed to COVID-19 and has been directed to self-quarantine by the Arkansas Department of Health, I will let the director of Favorite's Dance Academy know and will follow the guidance of the Arkansas Department of Health before sending my child back to the studio.

Parent Initials:\_\_\_\_\_

I understand that if my child has a fever of 100.4 or above that my child will not be able to return to the studio until he/she is fever free for 48 hours without the use of fever controlling medication.

Parent Initials:\_\_\_\_\_

I understand that if I choose to withdraw my child during a school closure that my child will no longer have a spot when Favorite's Dance Academy opens and I will have to re-enroll my child if I would like him/her to return to the studio.

Parent Initials:\_\_\_\_\_

I understand that my child will be dropped off and picked up outside the facility during their scheduled class time. I understand if I need to enter the facility at any time my child is at Favorite's Dance Academy I must wear a mask.

Parent Initials:\_\_\_\_\_

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child and I may be exposed to or infected by COVID-19 due to attending Favorite's Dance Academy and that such exposure could result in personal injury, illness, permanent disability, and/or death. I understand that the risk of being exposed to or infected by COVID-19 at Favorite's Dance Academy may result from the actions, omissions, or negligence of myself or others.

I voluntarily agree to assume all the forgoing risks and accept sole responsibility for any injury to my child, including but not limited to personal injury, illness, permanent disability, and/or death in connection with my child's attendance at Favorite's Dance Academy. On my behalf and on behalf of my child, I hereby release, covenant not to sue, discharge, and hold harmless Favorite's Dance Academy, it's employees, agents and representatives of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Favorite's Dance Academy, it's employees, agents, or representatives, whether a COVID-19 infection occurs before, during or after attending Favorite's Dance Academy.

Child's Name:

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Parent/Guardian Printed Name:

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Parent/Guardian Signature:

\_\_\_\_\_

Date:

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