

Gotta Dance

101 Brick Kiln Road #4

Chelmsford, MA 01824

978-671-0400 ~ www.ksgottadance.com

COVID-19 STUDENT WAIVER-RELEASE FORM

- I understand and agree to all the new COVID-19 related rules and protocols administered by ***Gotta Dance***.
- I understand if I/my child is sick they will not come to class, and must have a doctor's note clearing them from COVID-19 before they can participate, or stay out of dance for at least 14 days symptom-free, whichever comes first.
- I understand I/my child will stay home from dance if someone in my immediate household contracts the virus, and must have a doctor's note clearing them from COVID-19 before they can participate, or stay out of dance for at least 14 days symptom-free, whichever comes first.
- I understand I am willingly and voluntarily allowing myself/my child to participate in an activity where they are around other people, thus increasing their risk of contraction.
- I understand the risk associated with allowing myself/my child to participate in dance classes regarding COVID-19.
- However, while I also understand ***Gotta Dance*** will do whatever it can to prevent the spread of the disease, ***Gotta Dance*** cannot be held responsible should any child, parent or guardian contract COVID-19 while utilizing ***Gotta Dance*** services and premises.
- I hereby release and discharge ***Gotta Dance*** and any of its owners, directors, and employees from any liability whatsoever which may arise as a result of me/my child participating in events sponsored by ***Gotta Dance***.

Student Name (Print): _____

Parent/Guardian (Student if over 18) Signature: _____

Parent/Guardian Name (Print): _____

Date: _____