

Diane Cournoyer Dance Center, LLC

CORONAVIRUS/COVID-19

**ACTIVITY PARTICIPATION ASSUMPTION OF RISK, RELEASE, WAIVER, AND
DISCHARGE DUE TO CORONAVIRUS/COVID-19**

In 2019-2020 the novel Coronavirus/COVID-19, has been declared a worldwide pandemic by the World Health Organization and the Centers of Disease Control. COVID-19 has found to be extremely contagious and likely spread in most part from person-to-person contact even by asymptomatic individuals.

Symptoms of COVID-19 can include:

- Fever;
- Fatigue;
- Intestinal Discomfort;
- Dry Cough; and
- Respiratory Discomfort.

I agree the following is true and accurate statements based on personal knowledge and belief:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days;
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the past 30 days;
- I affirm that I, as well as all household members, have no knowingly been exposed to COVID-19 within the past the 30 days; and
- I affirm that I, as well as all household members, have not traveled outside of the country or to any city considered to be a “hot spot” for COVID-19 infections within the past 30-days.

Diane Cournoyer Dance Center, LLC has put in place preventative measures recommended by the Commonwealth of Massachusetts (“hereinafter referred to as “DCDC”) to reduce the spread of COVID-19, however, DCDC cannot guarantee that you, your child(ren), your spouse, or anyone else will not become exposed to or infected with COVID-19 as a result of participating in a DCDC dance lesson program, event, or activity. Participation in a DCDC program, event, or activity could increase the risk of contracting COVID-19.

NOW, THEREFORE, in consideration of being permitted to participate in programs, events, and/or activities offered by DCDC, I understand, acknowledge, and agree to the following:

I have independently evaluated and reviewed the risks of being exposed to or infected with COVID-19 and have determined to participate in DCDC dance lesson, programs, events, and/or activities (collectively “DCDC Activities”) with full knowledge and acceptance of the risk. Fully understanding these risks, I, for myself, my child(ren), my spouse, my legal representatives, heirs, and assigns, hereby agree to assume full responsibility and liability for the risk of bodily injury, illness, permanent disability, and/or death which may result from exposure to or infection with COVID-19 before, during, or after participating in DCDC Activities

I, for myself, my child(ren), my spouse, my legal representatives, heirs and assigns, hereby waive, release, and hold harmless DCDC, its, members, managers, officials, employees, volunteers, attorneys, and agents from any and all liability to me, my child(ren), my spouse, my legal representatives, heirs, and assigns, for any and all losses or damages resulting from bodily injury, illness, permanent disability, and/or death, whether caused by negligence of DCDC or its members, managers, officials, employees, volunteers, attorneys, and agents or otherwise, which claims, losses, and demands arise during or result directly or indirectly from exposure to or infection with COVID-19 before, during, or after participating in DCDC Activities. DCDC cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each and any client of DCDC.

I also acknowledge that in the event Commonwealth of Massachusetts or local health department issues mandatory orders that facilities such as DCDC are not allowed to open and/or “Stay at Home” orders are issued or State recommended guidelines are issued encouraging DCDC or similarly situated not to open for a period of time, refunds will not be issued and DCDD Activities will be rescheduled when such Orders are lifted or Recommended suspension of such activities have expired.

Signature of Parent/Guardian

Dated

Print Name of Parent/Guardian

_____ Name of Participant(s)