

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

Xtreme Talent Dance Company ("XTDC") has put in place preventative measures to reduce the spread of COVID-19; however, XTDC cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending XTDC could increase your risk and your child(ren)'s risk of contracting COVID-19. By agreeing to this waiver of liability and assumption of risk, 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 by attending XTDC 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 XTDC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, XTDC employees, volunteers, and program participants 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 XTDC or participation in XTDC programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless XTDC, its employees, agents, and representatives, of and from the 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 XTDC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any XTDC program.

I voluntarily seek services provided by XTDC and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending classes at XTDC.

I attest that:

* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

* I will not send my child to XTDC if they are experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

* I have not traveled internationally within the last 14 days, and will not travel outside the country for the 14 Days Prior to the Session Starting & During the entire duration of the Session.

* My Child has not traveled internationally within the last 14 days, and will not travel outside the country for the 14 Days Prior to the Session Starting & During the entire duration of the Session.

* I have not traveled to a highly impacted area within the Canada in the last 14 days, and will not travel to highly impacted areas within Canada During the Entire session.

* My Child has not traveled to a highly impacted area within the Canada in the last 14 days, and will not travel to highly impacted areas within Canada During the Entire session.

* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

* I do not believe My Child has been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non contagious by Provincial or local public health authorities.

* My Child has not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non contagious by Provincial or local public health authorities.

* Our Family is following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

*I will check my child daily for symptoms of Covid-19, and will not send my child to XTDC if they are sick or unwell or experiencing symptoms of Covid-19.

Child Name(s) : _____

Parent Name : _____ **Date :** _____

Signature : _____