

I understand and acknowledge the risk of exposure to COVID-19 while participating in dance activities at Tammy Arrowood's Stars of Tomorrow. I understand that Tammy Arrowood's Stars of Tomorrow will be following guidelines based on the recommendation of the CDC and Cleveland County. I have received a detailed explanation of the guidelines put in place by Tammy Arrowood's Star of Tomorrow and agree to follow said guidelines. I agree to assume all risks associated with my child's participation in dance instruction, rehearsal, performance and related activities. In consideration of receiving instruction at Tammy Arrowood's Stars of Tomorrow, I hereby waive, release and discharge all present and future claims and liabilities of any kind, whether for bodily injury, property damage, or other loss, arising out of my child's participation in dance and related activities, including but not limited to dance instruction, rehearsals, and performances, whether conducted on or off studio premises.

In addition, the undersigned acknowledges that COVID-19 infections have been confirmed throughout the United States, and in accordance with the most recent guidance and protocols issued by the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of Tammy Arrowood's Stars of Tomorrow within 14 days after (i) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice, (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, or (iii) exposure to any person who has a suspected or confirmed case of COVID-19.

The undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of the Tammy Arrowood's Stars of Tomorrow if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify Tammy Arrowood immediately if he or she believes that any of the foregoing access/use restrictions may apply.

Students Name

Print Parent's Name

Signature of Parent/Guardian

____/____/____
Date