

# J.E.M.S. Dance Center Covid-19 Liability Waiver

Dancer's Name \_\_\_\_\_ Date \_\_\_\_\_

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that J.E.M.S. Dance Center has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that J.E.M.S. Dance Center cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, studio staff, and other studio clients and their families.

I voluntarily seek services provided by J.E.M.S. Dance Center 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 my classes.

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 have not traveled internationally within the last 14 days.

\* I have not traveled to a highly impacted area within the United States of America in the last 14 days.

\* I do not believe I have 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 state or local public health authorities.

\* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold J.E.M.S. Dance Center harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the studio, or that may otherwise arise in any way in connection with any services received from J.E.M.S. Dance Center.

I understand that this release discharges J.E.M.S. Dance Center from any liability or claim that I, my heirs, or any personal representatives may have against the studio with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from J.E.M.S. Dance Center. This liability waiver and release extends to the studio together with all owners, partners, and employees.

Parent/Guardian Signature \_\_\_\_\_

# J.E.M.S. DANCE CENTER'S REGISTRATION FORM

STUDENT CONTACT INFORMATION			
NAME OF STUDENT		D.O.B.	
PARENT OR GUARDIAN			
PHONE NUMBER			
EMAIL ADDRESS			
ADDRESS			
EMERGENCY CONTACT			
EMERGENCY NUMBER			
HOW DID YOU HEAR ABOUT JEMS DANCE CENTER? (PLEASE CIRCLE ONE OR MORE)			
YELP	REFERRED BY A FRIEND	WALKING BY	FLYERS
GOOGLE	CHARTER SCHOOLS	GIRL SCOUTS	FROM AN EVENT
FACEBOOK	SAW THE JEMS VAN	MAILERS	OTHER
WHAT CLASS OR CLASSES ARE YOU INTERESTED IN?			
NAME OF CLASS	DAY OF CLASS	TIME OF CLASS	TEACHER'S NAME
AGREEMENT			

I (the parent) have received, read, and agree to abide by and be held accountable to all of the policies of J.E.M.S. Dance Center.        I understand that there is some risk of injury associated with dance. I agree to hold harmless and indemnify J.E.M.S. Dance Center and its owners, employees, and agents acting on its behalf in case of injury to the student. I give my permission to any agent of J.E.M.S. Dance Center to obtain whatever medical attention they deem necessary for the student named above in the event of an injury. I have full authority to authorize any and all medical attention without concurrence of any other individual. We (J.E.M.S. Dance Center) will notify you (the parent) of any injuries as soon as possible by using the emergency contact listed above.

SIGNATURE	
PARENT SIGNATURE	DATE
PRINT NAME	
	See other side

- Scan   
  Phone   
  e-mail   
  chart  
 Policy   
  Folder   
  Copy in Blue Book   
  Birthday   
  Class Roster  
 Tried A Class - Date \_\_\_\_\_   
  Registered - Date \_\_\_\_\_