

## COVID-19 Release and Permission to Dance in a Studio Setting

I \_\_\_\_\_, knowingly consent to have my child or myself (teacher) participate in the dance program at Academy of Ballet Inc. and or Academy Performing Ensemble Inc. (non-profit 501-C) Studio, located at 6470 Spalding Drive Peachtree Corners during the COVID-19 pandemic. The undersigned does hereby and forever discharge Academy of Ballet Inc. and or Academy Performing Ensemble Inc. (non-profit 501-C) and it's directors and staff of and from all manners of actions, suits, damages, claims, demands, whatsoever in law or equity from any loss or damage to the undersigned, their minor children or self's property or personal injury which may occur while participating in any activity related to this event. Additionally, the undersigned grants permission for the Academy of Ballet Inc. and or Academy Performing Ensemble Inc. (non-profit 501-C) to use any photos taken during the program for publicity or on Academy of Ballet Inc. and or Academy Performing Ensemble Inc. (non-profit 501-C) website, social media, and advertisement and materials.

\_\_\_\_\_ Initials Parent/Guardian/Staff Member

I give permission for my child or myself to be given a temperature check at the beginning of each day. I agree to have my child's or myself's temperature recorded with my full name. I agree that the information collected will determine if my child or myself will be allowed into the studio or not.

If the information gathered related to my child's or my health is needed by a government entity, health professional, or other organizations involved in tracking the COVID-19 virus.

**I give** consent for it to be released to those organizations

\_\_\_\_\_ Initials Parent/Guardian/Staff Member

**I do not** give consent for it to be released to anyone but myself the Parent/Teacher

\_\_\_\_\_ Initials Parent/Guardian/Staff Member

I verify that I have not travelled outside the United States in the past 14 days to countries that have been affected by COVID-19

\_\_\_\_\_ Initials Student/Staff Member

\_\_\_\_\_ Initials Parent/Guardian

I verify that I have not traveled domestically within the United States by commercial airlines, bus, or train within the last 14 days.

\_\_\_\_\_ Initials Student/Staff Member

\_\_\_\_\_ Initials Parents/Guardian

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not given the current limits in virus testing. Dancers and Teachers are not being required to show proof of testing due to the limits placed on who can get tested. [SEE The Dance USA Task Force on Dancers Health](#)

I understand that due to the nature of dance/physical activity does not allow social distancing at all times, nor can the use of mask be mandatory. [SEE The Dance USA Task Force on Dancers Health.](#)

I understand that the federal, state and local health authorities CDC, OSHA, and Georgia Department of Health recommend social distancing of 6ft. I understand that my child or myself is responsible for following the social distancing rules that have been put in place by the studio. I understand that my child or myself have a chance of encountering some social distancing that will be less than 6ft apart.

\_\_\_\_\_ Initials Student/Staff Member

\_\_\_\_\_ Initials Parent/Guardian

I understand that my child or myself will be asked to return home and follow the guidelines set forth by the CDC, OSHA, and Georgia Department of Health before being allowed to return.

- Anyone with symptoms or fever is asked to return home
- All dancers and staff should be self-monitoring their symptoms.
- Checking for fever > 100.4
- Anyone who develops symptoms should leave immediately, seek care from their physician, and isolate.

To help prevent the spread of contagious viruses and to help protect each other, I understand that my child and myself will have to follow the studio guidelines.

\_\_\_\_\_ Initials Student/Staff Member

\_\_\_\_\_ Initials Parent/Guardian

**Review of any symptoms that could be attributed to COVID-19.**

- Cough, difficulty breathing, sore throat, unusual headache, unexplained muscle and/or joint pain, chills, fever, nausea, vomiting, diarrhea, loss of sense of smell, pink eye
- Signs of increased fatigue
- Review of other possible symptoms and feeling unwell
- Anyone with symptoms or fever is asked to return home, report to their physician and isolate themselves.
- The same procedures should be applied to all employees entering your location
- All dancers and staff should be self-monitoring their symptoms.