

**Extreme Dance Studio
Dance & Gymnastics Program
Waiver, Release, and Assumption of Risk Form**

On behalf of myself, my household members, and my minor child, _____,

I hereby give permission for my child to attend the Dance & Gymnastics Program at Extreme Dance Studio in Bethlehem, Pa. My child and I are familiar with, and knowingly, and voluntarily accept, all risks associated with attending the Dance & Gymnastics Program at the dance studio. I acknowledge that my child's participation in this program is voluntary.

I specifically assume all risks and hazards associated with my child's participation in the Dance & Gymnastics Program including, but not limited to, the risks associated with the novel COVID-19 virus and the fact that many infected persons are asymptomatic. I understand that my child will be associating with staff and other children and may contract COVID-19, and other viruses and diseases, through my child's participation in the program. Accidents and injuries happen, and it is impossible to eliminate the risk that my child will suffer an injury or illness. I understand and voluntarily assume the risk that my child may acquire COVID-19 and that COVID-19 may subsequently be transmitted from my child to me, my family, and members of my household.

I certify that my child is in good health and has no current issues that make it unsafe for my child to participate in the Dance & Gymnastics Program. I will notify the teacher and not send my child to dance or gymnastics if my child develops a fever, or illness, or tests positive for COVID-19. I acknowledge that my child and I are responsible for ensuring that he/she takes any necessary medication, and for avoiding allergies. In the event of a medical emergency, 911 will be called and I will be responsible for any, and all costs of medical treatment.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the ("Released Parties") Dance & Gymnastics Program, Extreme Dance Studio, and all of their respective employees arising from or relating in any way to any damage, injury, trauma, illness, loss, or death that may occur to my child, me or my household members due to my child's participation in the Dance or Gymnastics Program. This includes, without limitation, any claim arising from the negligence of the Released Parties.

I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claims, damages, losses, or expenses, including attorneys' fees, if a suit is filed concerning an injury, illness, or death to me, my child, or my household members resulting from participation in the Dance or Gymnastics Program.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____

Date _____