

# ADB Dance Center, Inc.

## COVID-19 Release Form

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I, \_\_\_\_\_, parent of \_\_\_\_\_ understand the medical risks associated with assembly in relation to COVID-19. By initialing each item below, I am confirming an answer of “true” to each statement:

\_\_\_ My child has not been in contact with anyone who has tested positive for COVID-19 in the past 14 days.

\_\_\_ My child has no symptoms associated with COVID-19 including fever, shortness of breath, coughing.

\_\_\_ I will keep my child home from class if he/she has symptoms of COVID-19 or any other contagious condition.

\_\_\_ I understand that the current state mandated phasing has rules for physical distancing of 6 feet (in general) and 10 feet during physical activity, when able. I understand this means I will not be permitted in the building during class unless it becomes medically necessary for me to be there for my child.

\_\_\_ I agree to hold harmless ADB Dance Center, it’s owners and agents for injury or personal illness occurring as a result from participating in studio activities on the physical property of 904 Oak Grove Road, Chesapeake, VA 23320.

Parent Signature \_\_\_\_\_

Date Signed \_\_\_\_\_