

Assumption of the Risk Relating to Coronavirus/COVID-19

By signing below, I give permission for my child, _____, to participate in all aspects **Dance Dynamics Power of Movement Showcase** the week of July 26, 2020 through Monday August 3, 2020, including but not limited to rehearsals, preparation and performance.

(Initials)	I acknowledge that federal and state government officials have declared that there currently exists a public health crisis in our country related to the Coronavirus Disease 2019 ("COVID-19") and voluntarily assume all risks related to exposure.
(Initials)	I confirm that I will not permit my child to participate in the program or activity if, at any time during the program or activity, my child is showing any symptoms of COVID-19 (including but not limited to fever, dry cough, fatigue, shortness of breath, chills, muscle pains). Additionally, I confirm that I will not permit my child to participate in the program or activity if, at any time during the program or activity, my child has been in contact with any individual diagnosed with COVID-19 or any individual currently waiting for test results confirming the possibility of a COVID-19 diagnosis.
(Initials)	I concede that due to the high intensity of aerobic activity while dancing, a face covering will not be required for rehearsals and performances. My child will have a mask available when not dancing to adhere to the NJ executive order: All individuals in New Jersey must now wear face masks while outside and unable to maintain a six-foot distance from other people.
(Initials)	I give permission for my child to perform the choreography assigned and acknowledge that it will incorporate various times when the six-foot distance mandate cannot be enforced.

I, _____, parent/guardian of the above mentioned child, has been informed and agrees to the COVID-19 measures put into place for the duration of this program. I understand Dance Dynamics has implemented preventative measures to reduce the spread of COVID-19 but cannot guarantee the prevention of possible transmission or contraction.

(Parent or Legal Guardian) Signature

Date

Received By DD Staff Member

Date