



Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**MAY I HAVE THIS DANCE COVID-19 WAIVER**

If your responses show you may be at risk or may put others at risk, we may have to refuse your appointment(s) at any time.

1) I have read and agree to comply with the "Protocol for a Safer Studio" Document.	Yes: _____	No: _____
2) I have been diagnosed with COVID-19 through testing or a medical professional, and have not yet been confirmed recovered and negative through a test or otherwise confirmed by my medical doctor.	Yes: _____	No: _____
3) I am aware that within the last 14 days I have been exposed to someone with COVID-19, or have been around people that were sick with cold or flu symptoms.	Yes: _____	No: _____
4) Within the past 14 days, I have had any of the following: cold or flu symptoms, a sore throat or cough, shortness of breath or difficulty breathing, loss of smell or taste.	Yes: _____	No: _____
5) If within 3 days of class, I develop a body temperature of over 100 degrees Fahrenheit, I agree to not come to class.	Yes: _____	No: _____
6) If taking a lesson with a partner or static group, have you been limiting your gatherings to that include that person/group?		N/A _____
7) If taking a contact lesson with your instructor, please state the date of your most recent COVID-19 test and your test results:	Date:  Results (P/N):	N/A _____

In an effort to comply with the city, state, and other government programs for contact tracing and other efforts to combat the spread of COVID19 and the Novel Coronavirus, we must gather your information and share it with the proper authorities, if necessary.

By signing this, you certify the following:

1. If, within 14 days of any visit to the studio or program, it is suspected or confirmed that I am symptomatic of, or am infected with, the Novel Coronavirus or COVID-19, I will notify May I Have This Dance, as well as any proper authority.

**CONTINUE ON BACK...**



2. I understand that even though I have a general right to privacy concerning my medical information, I acknowledge that the Global Pandemic of COVID-19 has made it important and necessary for MIHTD and officials to gather and share this information for the safety and well-being of others that I may come in contact, or share space with.
3. If it is suspected or confirmed that I am symptomatic of, or am infected with, the Novel Coronavirus or COVID-19, I give permission to May I Have This Dance to alert the Chicago Department of Public Health, Illinois Department of Public Health, other government officials, as well as all people who have attended the same space while at the studio or MIHTD function during any possible contagion period.
4. That by coming to the studio for any reasons, I do not believe I am a symptomatic or non-symptomatic carrier of the Novel Coronavirus or COVID-19.
5. That I am not by CDC definition, vulnerable or high-risk, nor do I live with or share space with vulnerable or high-risk individuals without social distancing OR if I do fall under either of these categories, I assume any risks involved with my participation of any MIHTD function at the studio or otherwise and any consequences (such as illness, hospitalization, or death) that befall those considered “vulnerable” and agree to indemnify MIHTD of all financial and legal claims.
6. I understand and accept that even with the proper precautions, it is still possible for me to contract the Novel Coronavirus or COVID-19 at the studio or other MIHTD function, which can result in me becoming seriously ill or death. I also understand and accept the risk and responsibility that I can spread the Novel Coronavirus or COVID-19 to others after catching it at the studio or MIHTD function.
7. I understand and agree to be fully responsible for any costs incurred to me for testing or any other costs associated with any infection, illness, or death resulting from contracting the Novel Coronavirus or COVID19 while at the studio or any MIHTD function.
8. I waive any claim and agree not to hold liable MIHTD, its employees, officers, contractors, agents, volunteers, students, customers, and any party for any illness, injury, or death resulting from my participation in any activity at the studio or any MIHTD function.

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Signature

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Printed Name

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eMail Address

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Cell Phone Number

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Home address