

The Center for Ballet Arts

COVID-19 / Injury Release Form

Due to the global pandemic outbreak for COVID-19 and for the safety and protection of the health of our staff and students, we are implementing additional safety measures in compliance with the safety precautions published by the Center for Disease Control.

Symptoms of COVID-19 include: Fever, fatigue, dry cough, difficulty breathing.

All students/ staff and customers will have temperatures taken upon arrival.

All Students/ staff and customers will wear masks while in class and on the premises of CBA.

1. I understand the above symptoms and affirm that I, as well as all of those living with me, do not currently have, nor have experienced the symptoms in the past 14 days.
2. I affirm that I, as well as all household members, have not been diagnosed with COVID-19 in the past 14 days.
3. I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed to COVID-19 in the past 14 days.
4. I understand the CBA Directors, Staff and students, will not be held liable for any possible exposure to COVID-19 or any other contagion.
5. I have not travelled out of the United States in the past 10 days. If I have travelled, I will quarantine for 10 days, or present a negative COVID test, before returning to class.
6. I have not travelled by any form of public transportation in the past 10 days. If I have travelled, I will quarantine for 10 days, or present a negative COVID test, before returning to class.
7. I have not engaged in any indoor gathering with more than 20 people in the past 10 days.
8. I have not engaged in any outdoor gathering with more than 50 people in the past 10 days.

By signing below, I agree to the above statements and release CBA, its Directors and Staff, from any liability to the unintended exposure or harm due to COVID-19.

I further understand that I may not hold CBA, its Directors, Staff, nor any Instructor at the school, from any possible injury that may occur while in class or on the premises of the school.

Student Name _____ Date _____

Parent Name _____ Signature _____

Home Phone No. _____ Cell Phone No. _____