



**WAIVER AND RELEASE OF LIABILITY**

Name of Dancer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent / Legal Guardian: \_\_\_\_\_

Dance Studio Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt./Unit Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name and Date(s) of Event: \_\_\_\_\_

Event Location: \_\_\_\_\_

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Rainbow Dance Competition, Inc ("Rainbow") has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Rainbow Dance Competition, Inc cannot guarantee that I will not become infected with the Coronavirus/COVID-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others. I voluntarily attend events sponsored by Rainbow Dance Competition, Inc and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending a Rainbow event.

*I attest that:*

- I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

- I have not traveled internationally within the last 14 days.

- I have not traveled to a highly impacted area within the United States of America in the last 4 days.

- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

- I have not been diagnosed with Coronavirus/COVID-19 and not yet cleared as non-contagious by state or local public health authorities.

- I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Rainbow Dance Competition, Inc harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be sustained caused by any act, or failure to act of Rainbow Dance Competition, Inc or that may otherwise arise in any way in connection with Rainbow Dance Competition, Inc. I understand that this release discharges Rainbow Dance Competition, Inc from any liability or claim that I, my heirs, or any personal representatives may have against Rainbow Dance Competition, Inc with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, my attendance at events sponsored by Rainbow Dance Competition, Inc. This liability waiver and release extends to Rainbow Dance Competition, Inc together with all members, and employees.

Signature of Parent / Guardian: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Dancer: \_\_\_\_\_ Age: \_\_\_\_\_

Dance Studio Name: \_\_\_\_\_

Sibling or Guest: \_\_\_\_\_

Sibling or Guest: \_\_\_\_\_

For Event Staff To Complete:

Parent Temp	
Parent Temp	
Dancer Temp	