

Student's Name _____



Before using our facilities, you must first acknowledge and agree to our policies. Please review this policies and check “I acknowledge and agree” to each of the policies sections.

RULES, TERMS AND CONDITIONS

DANCE WITH STARS ACADEMY AUTHORIZATION AND RELEASE

I authorize Dance with Stars Academy to consent to medical treatment to myself, my children, and any other children in my care. I should be I be unable to provide consent, or when I cannot be reached to so consent. No prior determination of life-threatening emergency or danger of serious or permanent injury resulting from delay of treatment need be under this authorization.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In Consideration of participating in the Academy, I represent that I understand the nature of these Activities and that Participant (s) are qualified, in good health, and in proper physical condition to participate in such Activities. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue Participant(s) participation in the Activities.

I fully understand that this Activities involves risks of serious bodily injury, which may be caused by my own actions , or inactions, those of others participating in the event, the conditions in which the event takes place , or the negligence of the Releasees named below.

I also fully understand the risk of illness and other diseases, including COVID-19 (coronavirus),and that there may be other risks either not know to me or not readily foreseeable at this time; and fully accept and assume all such risks and all responsibility for losses, cost and damages I incur as a result of my , my children and/or other children in my care participation in the Activities.

I hereby release, discharge and covenant not to sue Dance with Stars Academy, its respective administrators, directors, volunteers and employees, other participants, sponsors, advertisers, and, if applicable owners and lessors of premises on which the Activities take place, (each considered one of the “Releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk. I, or anyone my behalf, makes a claim against any of the Releasees, I will indemnify, safe, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

Initials _____

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that If any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.



GOOD FAITH DISCLOSURE

My agreement warrants that I will assume responsibility for screening Participant (s) prior to each facility visit, and I understand I must be able to answer “NO” to all the following.

	Yes	No
Do Participant (s) have fever or above normal temperature?		
Have Participant (s) experienced shortness of breath or had trouble breathing?		
Do Participant (s) have a dry cough?		
Do Participant (s) have a runny nose?		
Have Participant (s) recently lost or had a reduction in sense of smell?		
Do Participant (s) have a sore throat?		
Have Participant (s) been in contact with someone who has tested positive for COVID-19?		
Have Participant (s) been tested for COVID-19 and are awaiting test results?		

I understand there are enhanced risks should Participant (s) be in direct contact with anyone age 65 or older for 14 days after participating in Activity.

Student Name _____

Student Signature _____

Parent (Guardian) Name _____

Parent (Guardian) Signature _____

Date _____