

**Tiffany's School of Dance &  
Performing Arts Center**

1351 E. Genesee St.  
Skaneateles, NY 13152

&

1127 Grand Ave.  
Syracuse, NY 13219

**Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

*This waiver form must be signed and returned to Tiffany's School of Dance and Performing Arts Center with an acknowledgement before any use of the facilities is made. Individuals who have traveled outside of the U.S. within the previous 14 days or who are sick or who have been in contact with someone who is suspected of having Covid-19 must not use the facilities or attend dance classes at TSDPAC. This access may be withdrawn at any time based on health agency recommendations.*

**WAIVER OF LIABILITY**

I, Full name of legal guardian of dancer(s) \_\_\_\_\_ would like my child/ children to participate in dance education classes at Tiffany's School of Dance and Performing Arts Center. In response to efforts to contain the spread of COVID-19 coronavirus, I am aware that I am using the facilities at my own risk and will ensure that I will conduct myself in a way that is appropriate. I confirm that I have not traveled outside of the U.S. for the past 14 days and have not been in contact with anyone who is suspected of having COVID-19. I do not have any symptoms of COVID-19 including but not limited to fever, sore throat, coughing, aches, respiratory problems, dry cough, fatigue, diarrhea, loss of taste or smell, chest pain, rash on skin, discoloration of fingers or toes, or headache. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. TSDPAC has put in place preventative measures to reduce the spread of COVID-19; however, TSDPAC cannot guarantee that you or your child(ren) will not become infected with COVID-19. Attending any public spaces increases your risk and your child(ren)'s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending TSDPAC and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at TSDPAC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at TSDPAC or participation in programs at TSDPAC. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Tiffany's School of Dance and Performing Arts Center, its employees, agents, and representatives, of and from the Claims, including all

liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of TSDPAC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any TSDPAC program.

Full Name of Dancer 1 (under 19yrs of age):

\_\_\_\_\_

Full Name of Dancer 2 (under 19yrs of age):

\_\_\_\_\_

Full Name of Dancer 3 (under 19yrs of age):

\_\_\_\_\_

**Today's Date: Day \_\_ Month \_\_\_\_\_ Year \_\_\_\_\_**

I have read, understand, and agree to the above terms of participation and the assumption of risk of participation and release all liability.

**Full Name of Legal Guardian: \_\_\_\_\_**

**Signature: \_\_\_\_\_**