



COVID – 19 Project Dance Center Screening and Consent Form

I, _____, knowingly and willingly consent to have my child participate in programs with Project Dance Center, LLC during the global COVID-19 pandemic. I understand the virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

I confirm that my child and members of my household have **not**, in the past 14 days, had any of the following symptoms of COVID-19 listed below:

- Fever
- Shortness of breath
- Cough or any flu like symptoms including stomach upset, headache, and fatigue.
- Runny nose
- Sore throat
- Recent loss of taste or smell

I will hold harmless and indemnify Project Dance Center, LLC., teachers, employees, legal representatives, and organizers against any claims and actions in exchange for programs with Project Dance Center, LLC during this COVID-19 pandemic. Project Dance Center, LLC is taking many precautions to limit the spread of the disease, yet there is still a possibility of transmission. I make the decision for my child relying upon my knowledge and judgment of any injury they have sustained or possible transmission of COVID-19 during participation in programs. I know it is my choice whether or not my child wears a mask during class or the summer activity program. I have carefully read this release and understand its contents, and I am signing it of my own free act.

PLEASE do not send your child to the studio if they are sick. This COVID-19 consent will be used each day that programs are held. Please know that for future classes and programs this written consent form will be in effect. If you, your child, or someone in your home has any of the symptoms above, please DO NOT send your child to the studio.

If you send your child to the studio, you are consenting to this form, and stating your child and any members of the home are negative for all of the COVID-19 symptoms stated above.

Parent/Guardian Signature: _____

Date: _____ Child's Name: _____