



STUDENT CONSENT DURING THE COVID-19 PANDEMIC

This consent form cannot be modified. Please do not alter.

The COVID-19 pandemic is an emerging, rapidly evolving situation. San Jose Dance Theatre is taking a variety of steps based on current guidance from the appropriate health and governmental authorities to ensure the safety of its community. By signing below, I understand and agree to the following statements:

1. I will not come to the studio if I am directly exposed, infected or diagnosed with COVID-19.
2. I will not come to the studio if I have any of the following symptoms which could potentially indicate COVID-19, even in the absence of a positive COVID-19 test:
 - a. Fever (100.4* and above)
 - b. Sore throat
 - c. Shortness of breath/trouble breathing
 - d. Loss of sense of smell or taste
 - e. Headache
3. I will follow the CDC guidelines regarding exposure risk if I come into close contact with anyone who has been diagnosed with COVID-19, or who has symptoms of COVID-19 but is not yet diagnosed.
4. Even though San Jose Dance Theatre will follow all CDC guidelines as well as the county public health department's requirements/recommendations to ensure a healthy working environment, there is no way to guarantee prevention of exposure.
5. I agree to abide by all health and safety protocols and practices that may be implemented by San Jose Dance Theatre with respect to COVID-19.
6. I understand that by resuming in-person work/training at San Jose Dance Theatre, I could become exposed to COVID-19 by other clients or a San Jose Dance Theatre team member.
7. I understand that I am not required to attend classes in the studio and have the option to continue undertaking classes remotely.
8. Under no circumstances will I hold San Jose Dance Theatre responsible or liable if I contract COVID-19.
9. If I contract COVID-19 at the studio, I may be eligible for worker's compensation and other benefits awarded to me by the local, county, state and/or federal government.

I have had the opportunity to ask questions and have had them answered to my satisfaction. I understand that information regarding COVID-19 and the medical community's understanding of this disease is quickly changing and that risks of which I are not presently aware may be discovered.

I have read this waiver carefully and fully understand its meanings and implications.

Signed: _____ date: _____

Important: If the dancer is under 18 year of age, a parent or legal guardian must also sign

Parent/Guardian: _____ date: _____