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 **COVID-19 Acknowledgement and Waiver**

**For the safety of our students, parents, staff and employees, please answer the questions listed below. If you cannot answer YES to all of the questions, please wait until you can. Most common symptoms for COVID-19 include: Fever, Fatigue, Dry Cough, Loss of Smell/Taste, Difficulty Breathing, Runny Nose Sore Throat, Headache, Body Aches**

* **I affirm that I have not had any of the symptoms listed above for 14 days.**

 **YES**

* **I affirm that I, as well as anyone in my household, have not been diagnosed with COVID-19 in the past 30 days.**

 **YES**

* **I affirm that I, as well as anyone in my household, have not been out of the country or to any other city considered a “hotspot” in the past 30 days.**

 **YES**

* **I affirm that I, as well as anyone in my household, have not been knowingly exposed to someone diagnosed with COVID-19 in the past 30 days.**

 **YES**

* **I will inform Ballet Spartanburg immediately of any COVID-19 changes in my household while my student is enrolled in camp or dance class to ensure the safety of everyone at Ballet Spartanburg.**

**YES**

* **INDEMNITY: Student (adult or minor and minor’s parents or legal guardian) shall release, indemnify, defend and hold Spartanburg Ballet (including its officers, directors, agents and employees) harmless from and against any and all liabilities, claims, penalties, damages, expenses, attorney’s fees, and judgement by reason of injury, COVID-19 or related illness and/or damage or claim of injury and/or damage to persons or property arising out of (1) dance lessons at the Ballet Spartanburg premise or other premise designated for rehearsals and/or performances.**
* **I have read and fully understand the above information for Ballet Spartanburg.**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**