

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

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. As a result, Federal, State, and local governments and health agencies recommend social distancing and have, in many locations prohibited the congregation of groups of people.

Signee is fully aware of the current pandemic and the inherent risks involved. Signee is aware that most serious cases and deaths contributing to this virus are in people over the age of 60 years old.

***Innovation Dance Center*** has put in place preventative measures to reduce the spread of COVID – 19; however, we cannot guarantee that you will not become infected with COVID – 19. Further, like any public place, this could increase your risk of contracting COVID – 19.



By signing this agreement:

\_\_\_\_\_ **(initial) I acknowledge** the contagious nature of COVID – 19 and voluntarily assume the risk that I may be exposed to COVID – 19 by visiting or coming on to the IDCPA property. Such exposure or infection may result in personal injury, illness, permanent disability, and/or death.

\_\_\_\_\_ **(initial) I understand that the risk** of becoming exposed to or infected by COVID – 19 at IDCPA may result from the actions. Omissions, or negligence of myself and others, including but not limited to, IDCPA faculty, volunteers, and program participants and their families.

\_\_\_\_\_ **(initial)** I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself for, including but not limited to; personal injury, disability, death, illness, damage, loss, claim, liability, or expense of any kind, that I may experience or incur in my connection with my attendance or presence at IDCPA or participation in IDCPA's events, etc.

\_\_\_\_\_ **(initial)** I hereby release, covenant not to sue, discharge, and hold harmless IDCPA, its faculty and representatives, of and from claims, including liabilities, actions, damages, costs or expenses of any kind arising out of relating thereto.

\_\_\_\_\_ **(initial)** I understand and agree that this release includes any claims based on the actions, omissions, or negligence of IDCPA, its faculty, representative, volunteers, and the like, whether COVID – 19 infection occurs before, during, or after participation in any IDCPA program, event, show, performance, and/or the like.

\_\_\_\_\_ **(initial)** I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and/or my dancer, including but not limited to; personal injury, disability, death, illness, damage, loss, claim, liability, or expense of any kind, that I may experience or incur if and when I wear a mask at IDCPA or participate in IDCPA's events, etc.

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

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_