



Susie Karlik's Dance Sensation

SKDS 2020-2021 Agreement, Release of Liability, Waiver of Claims & Assumption of Risk

In-order for students to participate in dance class at Susie Karlik's Dance Sensation, parents or legal guardians must fill out and sign a registration form as well as this waiver. Please fill out and return electronically before your child's first class. This waiver is good for the dance season beginning July 1, 2020 to June 30, 2021.

SKDS is taking the following precautions to keep students, their families and our staff safe. Please read our policies and sign the bottom line to show your understanding of these implications.

- SKDS Lounge will remain CLOSED until further notice.
- SKDS Waiting room will be OPEN only for check-in and check-out of dancers ages 8 and under by a parent or guardian. Please refrain from waiting for your dancer in the waiting room.
- ALL students and staff will have their temperature checked by a contactless thermometer. Dancers with a temperature of 99 and above will not be allowed to enter the dance studio and must go home.
- Studio floors will be marked and taped for dancers to keep a safe social distance from one another. Class sizes will be limited.
- Mask will be worn by all SKDS staff and dancers while in the building.
- If your child has been sick, we ask they be fever / stomach virus FREE for 48 hours before returning to dance class. Dancers showing symptoms are asked to please stay home.
- Hand sanitizing dispensers are in each dance room and waiting room readily available for students and staff.
- Staff and students must wash hands before and after each class.
- Dancers will be asked to limit what they bring to class to water and dance shoes.
- Dance studio equipment, doorknobs, bathrooms and light switches will be sanitized between classes.
- Studio floors will be cleaned daily with a steam disinfecting mop.
- A fogger machine with disinfectant will be used nightly during our cleansing routine.

By signing this waiver, I give permission for my child to take dance class at Susie Karlik's Dance Sensation (SKDS). I agree to pay all participation fees, costumes fees, any late fees incurred and any damage to facility fees. I, on behalf of myself, my heirs, executors, agents, assigns and representatives, hereby indemnify, release and forever hold harmless SKDS, located at 1049 Stuyvesant Avenue Union, NJ 07083, , as well as its directors, employees, instructors from any and all claims of liability arising from but not limited to any accident, personal injury, death, sickness, infectious diseases (including COVID 19), emotional loss or property loss or damage sustained by my child/myself/the minor child for whom I am legal guardian, while that person is participating in activities connected with SKDS including in person classes, virtual classes, rehearsals, performances, competitions, demonstrations, teaching, assisting or other activities including travel to and from an event related to this activity. I understand that dance activities have inherent risks of injury, and, being aware of all risk, I consent to have my child/myself/the minor child for whom I am legal guardian, participate in the programs and activities offered by SKDS, and I accept full responsibility for providing adequate health and accident insurance coverage for the protection of all of the following who participate in these programs / activities: my child/myself/the minor child for whom I am a legal guardian. I agree to indemnify and hold harmless SKDS against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or anyone else acting on my behalf. If SKDS incurs any of these types of expenses, I agree to fully reimburse. By signing this statement, I declare that the aforesaid participant is in good health, with no physical conditions that might prevent his/her/my participation in strenuous and rigorous dance activities and other training and performances connected with dance.

I have carefully read this Agreement, Release of Liability and Waiver of Claims & Assumption of Risk and fully understand its contents. I understand that this is an assumption of risk and release of liability, and I sign it of my own free will.

I also authorize SKDS to use photos and videos of my child/myself/the minor child for whom I am a legal guardian for promotional purposes.

Date: _____ Child's Name: _____

Print Your Name: _____

Parent/Legal Guardian Signature: _____

Email: _____