

ELITE DANCE CHALLENGE, LLC

ASSUMPTION OF RISK, HOLD HARMLESS & WAIVER OF LIABILITY RELATING TO COVID-19

All persons attending or participating are required to fill out this waiver. Minor waivers (18 and under) must be filled out by a parent or legal guardian. All persons over the age of 18 are required to complete an individual waiver, however if an adult completes a waiver for a minor, they do not need to complete a second one for themselves.

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 be mainly from person-to-person contact including and not limited to respiratory droplets produced when people talk, cough and/or sneeze, as well as touching objects or surfaces that is contaminated and then touching your mouth, nose or eyes, and close personal contact. The Center for Disease Control and Prevention (CDC) has recognized that the more people an individual interacts with at a gathering or event and the longer the interaction lasts, the higher the potential risk of becoming infected with COVID-19 and COVID -19 spreading. In turn, the CDC has established considerations for events to decrease the risk of exposure including personal prevention practices of handwashing for at least 20 seconds, maintaining 6 feet of distance and wearing a cloth face covering, as well as environmental prevention practices such as cleaning and disinfecting.

Elite Dance Challenge, LLC has put in place preventative measures to reduce the spread of COVID-19; however; Elite Dance Challenge, LLC cannot guarantee that you or your child(ren) will not become infected with COVID-19 or later transmit COVID-19 to others with whom you may later come into contact with attending, and/or following the event. Furthermore, attending an Elite Dance Challenge, LLC event could increase your risk and your child (ren)'s risk of contracting COVID-19.

In consideration of my attendance and/or participating at Elite Dance Challenge, LLC by signing this Waiver of Liability and Hold Harmless Agreement, I expressly state that:

I acknowledge the contagious nature of COVID-19 and understand that exposure to COVID-19 may result in personal injury, illness, permanent disability and death to myself, my spouse, guest, unborn child, or anyone else I may thereafter come into contact with. I understand that the risk of becoming exposed or infected by COVID-19 at an Elite Dance Challenge, LLC event may result from my own actions, as well as those of others, including but not limited to Elite Dance Challenge, LLC officers, directors, employees, staffs and volunteers, event participants or other event attendees.

I hereby agree to voluntarily assume the risk that I may be exposed to or be infected by COVID-19 by participating or attending an Elite Dance Challenge, LLC event and accept sole responsibility for any injury, illness or death that may occur as a result of exposure, infection or illness, I understand and agree that this assumption of risk is also a release from liability and includes any claims based on the actions, omissions or negligence of Elite Dance Challenge, LLC or its officers, directors, employees, staff and volunteers, whether a COVID-19 exposure or infection occurs before, during, or after my participation and/or attendance at an Elite Dance Challenge, LLC event.

I acknowledge and understand that the officers, directors, employees, staff and volunteers of Elite Dance Challenge, LLC have participated in planning and/or hosting the event and may have given recommendations regarding the premises or the preventative measures in place during the event. I voluntarily agree to release, waive, discharge and covenant not to sue on my behalf and on the behalf of others for whom I may be responsible for, those with whom I interact including the officers, directors, employees, staff and volunteers of Elite Dance Challenge, LLC. I further agree to hold harmless the officers, directors, employees, staff and volunteers of Elite Dance Challenge, LLC from any and all liability to me and those for whom I may be responsible, from and against any loss, damage, claim or demand, whether caused by the negligence of those released or third parties from whom may not be responsible. I further agree to indemnify the officers, directors, employees, staff and volunteers of Elite Dance Challenge, LLC from any loss, liability, damages, claims or costs that may incurred arising out of or related to my illness, exposure, and/or death as a result of COVID-19, whether caused by the negligence of the Releases or otherwise.

By signing this agreement, I submit and expressly acknowledge that I am signing this agreement freely and voluntarily, and without inducement, assurance or guarantee being made to me; and expressly intend that my signature is complete and unconditional release of all liability to the greatest extent allowed by law.

This agreement is for YOU and up to 3 MINORS (Who are Dancing)

Attendee / Parent or Guardian's Name: _____
(Print) First Middle Last

Phone: _____ Date of Birth: _____

Attendee /Parent or Guardian's Information

1) Have you demonstrated any symptoms of COVID-19 within the past 14 days including fever, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and/or diarrhea?

Circle one: NO YES.

2) Have you been diagnosed with or been in any way exposed to any communicable diseases (including, but not limited to COVID-19) within the past 14 days?

Circle one: NO YES

Attendee / Parent or Guardian's Signature: _____

Date: _____

First Minors Name: _____
(Print) First Middle Last

Phone: _____ Date of Birth: _____

1) Have you demonstrated any symptoms of COVID-19 within the past 14 days including fever, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and/or diarrhea?

Circle one: NO YES

2) Have you been diagnosed with or been in any way exposed to any communicable diseases (including, but not limited to COVID-19) within the past 14 days?

Circle one: NO YES

Second Minors Name: _____
(Print) First Middle Last

Phone: _____ Date of Birth: _____

1) Have you demonstrated any symptoms of COVID-19 within the past 14 days including fever, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and/or diarrhea?

Circle one: NO YES.

2) Have you been diagnosed with or been in any way exposed to any communicable diseases (including, but not limited to COVID-19) within the past 14 days?

Circle one: NO YES

Third Minors Name: _____
(Print) First Middle Last

Phone: _____ Date of Birth: _____

1) Have you demonstrated any symptoms of COVID-19 within the past 14 days including fever, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and/or diarrhea?

Circle one: NO YES

2) Have you been diagnosed with or been in any way exposed to any communicable diseases (including, but not limited to COVID-19) within the past 14 days?

Circle one: NO YES