

Minor Waiver/Release: Communicable Disease

READ BEFORE SIGNING

IN CONSIDERATION OF _____, "my child," being allowed to attend Black Hills Dance Centre and any events and activities related to Black Hills Dance Centre, the undersigned acknowledges, appreciates, and agrees that:

The risks of injury, illness, and communicable diseases, including but not limited to MRSA, influenza, and COVID-19, to my child from attending Black Hills Dance Centre and any activities related to Black Hills Dance Centre are significant, including the potential for permanent disability and death. While particular rules, policies, and personal discipline may reduce these risks, the risks of serious injury and illness exist and, in some cases, cannot be reduced or eliminated; and,

1. FOR MYSELF, FAMILY, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's attendance at Black Hills Dance Centre and any related events or activities.
2. I willingly agree to comply with Black Hills Dance Centre's policies and rules concerning exposure to COVID-19 and other communicable diseases. If I observe any unusual significant concern with any adherence to these policies and rules, I will remove my child from the situation and bring such concern to the attention of a Black Hills Dance Centre employee immediately.
3. I myself, my family, and/or my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Black Hills Dance Centre, their directors, employees, representatives, and volunteers, as well as other children, parents, family and visitors, and, if applicable, owners and lessors of premises used to conduct any outside event or activity associated with Black Hills Dance Centre ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's attendance at Black Hills Dance Centre, or myself or my family's presence at Black Hills Dance Centre, or my child's, my family or my attendance at any event or activity relating to Black Hills Dance Centre, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my family, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child's attendance at Black Hills Dance Centre, or myself or my family's presence at Black Hills Dance Centre, or my child's, my family's or my attendance at any event or activity relating to Black Hills Dance Centre, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law including but not limited legal fees, costs and damages.
5. I warrant and represent that my child's present health allows my child to attend Black Hills Dance Centre and any related events and activities and I understand that certain underlying physical and medical conditions can increase complications from communicable diseases, including but not limited to, COVID-19.
6. I myself, my family and my child all agree and accept the affirmative duty to inform Black Hills Dance Centre of any symptoms or other concerns with my child's health related to communicable diseases.
7. To the extent possible due to the age of my child, I assert that I have explained to my child the risks of exposure to communicable diseases and his/her responsibilities for adhering to the rules and policies of Black Hills Dance Centre concerning communicable diseases. To the extent possible due to the age of my child, I attest that my child understands the contents of this Release.

I, FOR MYSELF, MY FAMILY, AND MY CHILD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY.

**THIS IS A RELEASE.
READ BEFORE SIGNING.**

Name of Child: _____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date Signed: _____