Rogue Co. Dance Company COVID-19 Liability Release Form

Regardless of vaccination status, all persons must wear a mask for the duration of all Winter Workshop classes, while inside Grace Studios - unless unable to do so, due to medical or health reasons. Thank you for your understanding as we work to keep our community safe.

Symptoms of COVID-19:

- Fever/chills
- Loss of smell/taste
- Persistent dry cough
- Shortness of breath/difficulty breathing
- Fatigue
- Runny nose/congestion
- Sore throat
- Headache
- Muscle or body aches

**Please stay home if you have COVID-19 with someone who has recently tested po	9 symptoms, are positive with COVID-19, or have had close contact ositive with COVID-19.
I,,	agree and affirm the following is true:
	y household, do not currently or in the past 14 days have/had any of am not taking any medications that suppress these symptoms.
I affirm that I, as well as all household medays.	embers, have not been diagnosed with COVID-19 within the last 14
	understand that I MUST wear a mask at ALL TIMES inside Grace ng). Refusal to comply may result in removal from the workshop.
If I do test positive for COVID-19 during t workshop immediately. Refunds will be g	the Winter Workshop, I understand I will withdraw from the given on a per use basis.
I understand that Rogue Co. Dance Com Studios are not held liable for any exposu	npany, including its company members and faculty, and Grace ure to COVID-19 or any other contagion.
	ve symptoms and/or am diagnosed positive for COVID-19, <u>within</u> tify Rogue Co. Dance Company immediately.
Company and Grace Studios, including in representatives, in their individual or busing action of any nature due to any injury, los Workshop. By signing below, I agree to the state of the	IVE ALL CLAIMS AND FOREVER RELEASE Rogue Co. Dance ts company members, faculty, directors, contractors and iness capacities, of all claims, liabilities, agreements, and causes of ss, or damage to person or property, that may arise out of the Winter he above statements and release Rogue Co. Dance Company and or the unintentional exposure or harm due to COVID-19.
Signature:	Date:

(or Parent/Guardian, if under 18) Please print child's name: