

COVID-19
ACKNOWLEDGMENT AND DISCLOSURE STUDENT / FAMILY

This should be initialed and signed by BOTH parents/guardians.

Please read and initial each statement below.

1. I understand that during this COVID-19 Public Health Emergency, as a parent, I will NOT be permitted to enter the dance studio, atrium or office beyond the designated drop-off and pick-up area. I understand that this procedure change is for the safety of all persons present in the facility and to limit to the extent of everyone's risk of exposure.
2. I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area, I MUST sanitize my hands before entering and wear a mask. While in the facility, I must practice social distancing and remain 6 ft from all other people, excluding my own child.
3. I understand that to enter the studio premises my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear, my child will be separated from the rest of the people in the studio. I will be contacted, and my child MUST be picked up from the studio within 15 minutes. Symptoms include:
 - Fever of 100.4 degrees Fahrenheit or higher
 - Dry cough
 - Shortness of Breath
 - Chills
 - Loss of taste or smell
 - Sore throat
 - Muscle aches

(While many of these symptoms might be non-COVID-19 symptoms, we are proceeding by assuming they are Covid-19 during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. You and/or your child will need to be symptom- free for 72 hours before returning to the facility.) I understand that my child must wear a mask while entering and exiting the studio and around studio premises as well as while dancing until the State of New Mexico issues a ruling otherwise.

4. I understand that students will be required to bring their own hand sanitizer and use it according to CDC recommended hand washing procedures every time they touch a surface in the studio.
5. I understand that my child must arrive in street shoes upon entering the studio. Those shoes will be put into their personal Dance Kit.
6. Since the water fountain is not being offered to the children, I understand that my child will keep a water bottle in her Dance Kit.

Parent Initials Parent Initials

7. I understand that outside of dance class, my dancer will comply with any and all state, county or local stay-at-home orders, and all contact with persons living outside our household will follow all state, county or local stay-at-home orders as well as any recommendations from the CDC that limits student's risk for exposure including wearing a mask in all public areas and remaining 6 ft from all other people.
8. I will immediately notify Academy of Music & Dance management if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 1 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify Academy of Music & Dance management if anyone from my place of employment is presumed positive or tests positive for COVID-19 whether, or not I have had direct contact with that person.
9. I understand that students entering our studio will be in contact with children, families and employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.
10. Should there be a spike in Covid-19 cases, and we are forced into a Shelter in Place situation again, I understand that all classes will continue virtually and that tuition will remain the same for any amount of time spent doing virtual classes.

I certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by Academy of Music & Dance may result in termination of my registration at Academy of Music & Dance. I acknowledge that my child's activity may be terminated if it is determined that my family's actions, or lack of action unnecessarily exposes another dancer, their family member, or any AMAD employee to COVID-19.

Child's Name: DOB: _____

Parent/Guardian Signature: _____ (Also need initials pg. 1)

Parent Signature Date: _____

Parent/Guardian Signature: _____ (Also need initials pg. 1)

Parent Signature Date: _____

Management Initial Receipt and Date: _____