



## WAIVER- RELEASE AND HOLD HARMLESS & POLICIES

1. I understand that Fined Tuned Performing Arts is not responsible for any person or student who may be injured in class, including but not limited to home instruction and rehearsals, performance or on the premises and fully accept to participate in the Fine Tuned Performing Arts intensive classes, instruction, performances and/or activities. I do understand the risk involved and the nature of dance movement and physical activity and that training is at the own risk of the student and waive all claims of actions against Fine Tuned Performing Arts and its associates and instructors.
2. I agree to indemnify and hold Fine Tuned Performing Arts, its members, agents and employees harmless from and against any and all liability or damage of any kind caused by or to our child in connection with his or her participation in the summer camp, including the payment of reasonable attorney's fees associated therewith.
3. Any student enrolled or participating in any activity in Fine Tuned Performing Arts programs acknowledges they are in good physical condition and are able to perform activities within the enrolled class, intensive and/or performance. Any medical conditions must be made known prior to the start of class enrollment and is at the student's own risk.
4. The party or individual responsible for the student participating is advised to provide medical insurance for the student or participant and will not hold Fine Tuned Performing Arts and its agents, guests or employees liable in the event of any accident, injury or claim. In case of an emergency, and the emergency contact is not reachable, I give permission to the staff to obtain emergency medical treatment or render aid for any injury that may occur while attending classes at Fine Tuned Performing Arts or any related activities.
5. Additionally, I grant permission for use of any photos or videos of my child for the promotional use of Fine Tuned Performing Arts.
6. I understand that Fine Tuned Performing Arts reserves the right to dismiss any student for inappropriate behavior without refund if they feel it is negatively impacting the experience of their classmates.
7. I understand that online classes may be recorded by Fine Tuned Performing Arts for archive and security purposes.
8. I understand that I must complete the COVID-19 DAILY SCREENING FORM in order for my child to participate in any in-person activities each day. By signing this waiver, you agree and promise to check your child daily, answer each question truthfully, and keep your child home if they do not meet the requirements for in-person activities. If your child meets the requirements, you do not need to bring a signed copy of the form each day since this indicates that you are taking the responsibility of completing this form at home daily.

\* I have read this waiver and understand the terms and conditions of the above policy and guidelines and understand that it is in the best interest of all parties involved.\*

Student Enrolled \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Parent Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_



## COVID-19 Daily Screening

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Section 1: Symptoms

**Your Temperature:** \_\_\_\_\_

Any of the symptoms below could indicate a COVID-19 infection and may put others at risk. Please note that this list does not include all possible symptoms and people with COVID-19 may experience any, all, or none of these symptoms.

#### Column A

#### Column B

<input type="checkbox"/>	Fever (measured or subjective)		<input type="checkbox"/>	Cough
<input type="checkbox"/>	Chills		<input type="checkbox"/>	Shortness of Breath
<input type="checkbox"/>	Rigors		<input type="checkbox"/>	Difficulty Breathing
<input type="checkbox"/>	Muscle Aches		<input type="checkbox"/>	New Loss of Smell
<input type="checkbox"/>	Headache		<input type="checkbox"/>	New Loss of Taste
<input type="checkbox"/>	Sore Throat			
<input type="checkbox"/>	Nausea or Vomiting			
<input type="checkbox"/>	Diarrhea			
<input type="checkbox"/>	Fatigue			
<input type="checkbox"/>	Congestion or Runny Nose			

If **TWO OR MORE** of the fields in **Column A** are checked off **OR AT LEAST ONE** field in **column B** is checked off, please stay home and notify the program director for further instructions.

### Section 2: Close Contact/Potential Exposure

Please verify if during the past 14 days:

<input type="checkbox"/>	You have had close contact (within 6 feet of an infected person for 15 or more minutes during a 24 hr period) with a person with COVID-19
<input type="checkbox"/>	Someone in your household is sick and is being evaluated, diagnosed or being tested for COVID-19
<input type="checkbox"/>	You have traveled to an area of high community transmission. <a href="#">NJ Travel Advisory List</a> <a href="#">CDC Travel Notices</a>

If **ANY** of the fields in Section 2 are checked off, you may NOT participate in-person. Close/Household contact requires a 10 day quarantine. Travel requires a 10 day quarantine after returning home.