

WAIVER & RELEASE OF LIABILITY FORM – COVID-19



Participant's Full Name [please print]: _____ Age: _____

Parent's Full Name For minors under 18 years old: _____

Best Contact Phone Number: _____ [home/cell]

Emergency Name/Phone: _____

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 spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The State Ballet of Rhode Island (SBRI) and its official school, Brae Crest School of Ballet (BCSB), have put in place preventative measures to reduce the spread of COVID-19; however, BCSB/SBRI cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending BCSB/SBRI could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending BCSB/SBRI and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at BCSB/SBRI may result from the actions, omissions, or negligence of myself and others, including, but not limited to, BCSB/SBRI employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at BCSB or participation in BCSB/SBRI programming ("Claims").

On my behalf, and on behalf of my children (*if applicable*), I hereby release, covenant not to sue, discharge, and hold harmless BCSB/SBRI, its employees, volunteers, agents, representatives, and guest faculty, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of BCSB/SBRI, its employees, volunteers, agents, representatives, and guest faculty whether a COVID-19 infection occurs before, during, or after participation in any BCSB/SBRI program.

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ACTIVITY at Brae Crest School of Ballet and/or The State Ballet of Rhode Island.

Participant's Signature (18+ years old) _____ Date: _____

Or

Parent's Signature for minors under 18yrs old: _____ Date: _____