

# SMSD COVID-19 ACKNOWLEDGMENT AND DISCLOSURE

## STUDENT / FAMILY

**This should be signed by BOTH parents (if applicable).**

***This waiver may be subject to change as the pandemic evolves.***

1. I understand that during this COVID-19 Public Health Emergency I as a parent will NOT be permitted to enter the facility beyond the designated drop-off and pick-up area. I understand that this procedure is for the safety of all persons present in the studio and to limit the possible 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.
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
- Nausea and/or diarrhea

While some of these symptoms could be non-COVID-19 related, 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. Before returning to the studio you will need to be symptom free for 72 hours (no fever without the use of fever-reducing medications and improvement in respiratory symptoms) and at least 10 days must have passed since your symptoms first appeared.

4. I understand that students will be required to use hand sanitizer upon entering the studio. Wearing a mask is optional for all ages.
5. Each student MUST remove their shoes before stepping on studio floor.

6. I will immediately notify Shirley McPhail School of Dance management if I become aware of any person with whom my child or I have had contact with exhibits any of the symptoms listed in number 3 above. If this were to happen, SMSD strongly advises me to self-isolate, quarantine, and be tested for COVID-19. Further, I will immediately notify Shirley McPhail School of 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.
  
7. 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 studio safe and reducing the risk of exposure by following the practices outlined herein.

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 Shirley McPhail School of Dance will result in disciplinary action up to and including termination of my registration at Shirley McPhail School of Dance. I acknowledge that my activity may be terminated if it is determined that my actions, or lack of action unnecessarily exposes another dancer, their family member, or any SMSD employee to COVID-19.

Dancer Name \_\_\_\_\_

DOB: \_\_\_\_\_

Second Dancer Name \_\_\_\_\_

DOB: \_\_\_\_\_

Third Dancer Name \_\_\_\_\_

DOB: \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_