



**WAIVER AND RELEASE OF CLAIMS, ASSUMPTION OF RISK AND CODE OF CONDUCT**

Please read this document (the “Waiver”) carefully, as it affects your future legal rights. By signing below, you (on behalf of yourself, your family, your household unit, or your minor child/ward and any personal representatives, assigns, heirs and next of kin) acknowledge, agree and represent that you have carefully read and fully understood the Waiver and agreed to its terms.

One waiver must be signed per family prior to or upon visiting Roland & Romaine School of Dance before participating in any activities. This waiver is valid for all registered dancers listed below as the attendee. This Waiver must be carefully read and signed in consideration of the opportunity of being willing Attendee(s) permitted to enter the Premises. As used herein, the term “Releasees” is defined to include the following: The dance studio, its subsidiaries, affiliated organizations, owners, members, managers, directors, officers, past and present employees, agents, representatives, successors and assigns.

BETWEEN: Roland & Romaine School of Dance (Roland & Romaine Productions Limited) located at 508B Lawrence Avenue West, Toronto, Ontario, M6A 1A1. (hereinafter the “Premises”)

**AND**

Name(s):

\_\_\_\_\_

Permanent home address:

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Emergency contact number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**COVID-19 (2019 NOVEL CORONAVIRUS) ACKNOWLEDGEMENT AND ASSUMPTION OF RISK**

1. I acknowledge the highly contagious nature of COVID-19 and I voluntarily assume the risk that I or my child, (if the participant is a minor or I am the legal guardian of a child participant) could be exposed and infected by COVID-19 by participating in the Roland & Romaine School of Dance’s activities. Being exposed to or infected by COVID-19 may particularly lead to injuries, diseases or other illness and may prove fatal.

2. We are not currently experiencing COVID 19 symptoms nor have we had COVID-19 symptoms in the last 14 days.

3. We have not travelled outside of Canada or to an area under a travel health advisory in the last 14 days.

4. We have not provided care or had close contact with any person with COVID-19 or with any person reasonably suspected of having COVID-19 or with any person who travelled outside of Canada in the last 14 days or with any person who travelled in an area under a travel health advisory in the last 14 days.

5. We represent and warrant to the Releasees that we have not been advised by the Government of Canada or Ontario Public Health Authority or my doctor or the Ontario Ministry of Health website to self-isolate due to possible exposure to COVID-19.

6. All persons entering the premises will wear a mask or face covering that covers the nose and mouth and will keep the mask on in all common areas.

7. You and those participating in dance classes will adhere to hand hygiene by using hand sanitizing stations provided.

8. Practice cough etiquette. (Cough into your elbow or cover your mouth and nose with a disposable tissue when you sneeze. Immediately dispose of all used tissues in an appropriate waste bin and wash your hands right away.)

9. If I or my child, experience in my outside the Dance School experiences any cold or flu-like symptoms after submitting this declaration, I or my child, will not attend any of the Roland & Romaine School of Dance's activities, classes, programs and performances, until at least 14 days have passed since those symptoms were last experienced.

This document will remain in effect until Roland & Romaine School of Dance, as per the direction of national, provincial and local Public Health and other governmental authorities determine that the acknowledgments, declarations are no longer required.

This document is in addition to and does not replace all other Roland & Romaine School of Dance waivers, if any.

THE UNDERSIGNED ACKNOWLEDGES THAT THEY HAVE SIGNED THIS DOCUMENT FREELY AND WITH FULL KNOWLEDGE AND WITH MY INFORMED CONSENT

Parent signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2021