



## Waiver of Liability for Infection from COVID-19

It is my wish to participate in the activities ("Activities") offered by Aria Ballroom, LLC ("Aria") during the time-period of the spread of the infectious disease otherwise known as COVID-19. Activities included but are not limited to private lessons at Aria's facility, whether as a dancer or a spectator. In order for Aria to continue to accept me as a participant in the Activities during this extraordinary time, I represent and agree as follows:

1. I have made the decision to participate in the aforementioned Activities despite social-distancing recommendations from the Governor of Washington with full knowledge of my medical history and current medical status and, therefore, hold Aria harmless from any injury, advancement of illness, or death from participating in said Activities;
2. I am aware of Aria's attempts to keep the facility disinfected and I am conscious of their hygiene protocols, which include the washing of hands with soap and water for a minimum of 20 seconds before and after every lesson;
3. I understand that the nature and purpose of Activities in the facility include distances that may be closer than the recommended 6 feet of space, and I especially recognize that the very nature of said Activities may place me at higher risk for contracting the disease; therefore, I release, discharge, and absolve Aria, its owners, employees, and affiliates from any and all liability or responsibility for any such advancement of illness or contraction of disease. This release shall be binding upon my heirs, executors, administrators, and assigns.
4. I agree to abide by all studio policies with regards to the hygiene recommendations of the Public Health Authority, the Governor of Washington, and the CDC; I realize that the same may be changed from time to time.
5. I take it upon myself to watch the status of my health by following CDC guidelines for self-diagnosis of COVID-19, and agree to inform the owners of Aria immediately should I begin to exhibit symptoms of COVID-19 or I am found to be positively infected with COVID-19.
6. If any part of this Waiver is to any extent held to be invalid or unenforceable, the remainder of this Waiver shall not be impaired or affected thereby and shall continue in full force and effect.

I have read this Waiver and understand all its terms. I execute it voluntarily and with full knowledge of its significance. By signing below I accept the terms and conditions of participation.

\_\_\_\_\_  
Signature of Participant or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Participant

\_\_\_\_\_  
Print name of Guardian



## Commitment to Adhere to the Policies and Rules of Aria Ballroom

I acknowledge that, in my wish to return to the Activities listed in the above "COVID-19 Waiver of Consent", I must abide by and adhere to the guidelines and policies as listed by Aria. As such, I agree to the following:

1. I have read and understood the Student Guidelines and agree to follow all stipulations of said Guidelines
2. I have watched the Safety Video and understand the importance of the steps Aria is taking in order to limit the spread of COVID-19
3. I understand the need to wear masks or other cloth face coverings in order to protect the health and safety of my fellow dancers.
4. If any part of this Waiver is to any extent held to be invalid or unenforceable, the remainder of this Waiver shall not be impaired or affected thereby and shall continue in full force and effect.

I have read this commitment of adherence and understand all its terms. I execute it voluntarily and with full knowledge of its significance. By signing below, I hereby pledge to adhere to *all* policies and rules of Aria Ballroom.

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Signature of Participant or Guardian

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Date

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Print name of Participant

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Print name of Guardian