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www.turningpointedancecenter.com

Dancer's Name:

I acknowledge the contagious nature of the Coronavirus/ Covid-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Bodyworx Etc., Inc. t/a Turning Pointe Dance Center (TPDC) has put in place preventative measures to reduce the spread of the Coronavirus/ Covid-19.

I acknowledge that TPDC cannot guarantee that I will not become infected with the Coronavirus/ COVID-19.

I understand the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including but not limited to staff, the dance studio clients and their families.

I voluntarily seek services provided by TPDC and acknowledge that I must comply with all set up procedures to reduce the spread while attending rehearsal.

I attest that:

I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

I have not traveled internationally within the last 14 days.

I have not traveled to a highly impacted area within the United States of America in the last 14 days.

I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/Covid-19.

I hereby release and agree to hold Bodyworx Etc., Inc t/a Turning Pointe Dance Center harmless from, and waive on behalf of myself, my heirs, and any personal representatives and any and all causes of action, claims, demands, damages, costs, expenses, and compensations for damages or loss to myself and/or property that may be caused by the act or failure to act of the instructor, or that may otherwise arise in any way in connection with any services received from Bodyworx Etc., Inc. t/a Turning Pointe Dance Center. I understand that this release discharges TPDC from any liability or claim that I, my heirs, or any personal representatives may have against the dance studio with respect to any bodily injury, illness, death, medical treatment, that may arise from, or in connection to, any services received from TPDC. This liability waiver and release extends to TPDC owners and employees.

Date: _____

Signed: _____ **Parent or Legal Guardian**

Printed: _____ **Parent or Legal Guardian**