



Covid-19 Pandemic Dance Class Consent Form

10224 Coldwater Rd
Fort Wayne, IN 46825
260-489-6767

I, _____, knowingly and willingly consent to have my

child _____, participate in dance classes during the 2020-2021 dance season. I will not hold Tiffany & Co. Studio of Dance responsible or liable for any illness or injury. I will contact Tiffany & Co. Studio of Dance if my child becomes ill.

I understand that my child, at times, will be less than 6-feet away from other dancers, teachers, staff and assistants during class time. My child may come into direct contact with someone and I give my consent. _____(initial)

I, _____, understand that Tiffany & Co. Studio of Dance employees will be wearing facial coverings while mandated by the government. Participating dancers do not need to wear face coverings. Dancers can wear facial coverings at their own discretion.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not, given the current limits in the virus testing. _____(initial)

I understand that by having my child participate in the 2020-2021 dance season classes there is an elevated risk of contracting the virus simply by being in the studio. _____(initial)

I confirm that my child is not presenting any of the following symptoms of COVID-19 included but not limited to the following list _____(initial)

- Fever-temperature
- Shortness of breath
- Loss of taste or smell
- Dry cough
- Runny nose
- Sore throat

Name _____ Date _____

