## The Vibe Dance Academy Hawaii COVID-19 Procedures

The worldwide pandemic COVID-19 is extremely contagious and is believed to be spread mainly from person-to-person contact. We have put in place preventative measures to reduce the spread of COVID-19 at The VIBE Dance Academy Hawaii (the studio), however cannot guarantee that you will not become infected with COVID-19. Furthermore, attending classes, activities, workshops, and rehearsals could increase your risk of contacting COVID-19.

The safety and well being of our entire group begins from home. All dancers are asked to do their personal wellness check at home before making a decision to come to the studio. If there are any signs of fever or cold-like symptoms in the household, it is highly recommended that the dancer **NOT** come to the studio.

\*Upon arrival please wear a facemask or covering

\*Dancers temperature will be taken when they arrive. Anyone with 100.0 temp or above, cold-like symptoms, cough, or running nose will be sent home. (Attendance and temperature will be documented)

\*Before entering the studio dancers will sanitize their shoes (sanitizer will be provided)

\*Dancers will sanitize their hands before entering the studio.

\*The studio door will remain open during rehearsal to allow ventilation. A/C will be running for studio cooling. \*We will adhere to the social distancing guideline of 6 feet apart by designating 6X6 taped dance area for each individual dancer

\*During rehearsal dancers are required to wear masks at all times. They will have breaks to be given the chance to breathe without their masks directly outside the studio while continuing to practice social distancing if needed. \*The studio will be sanitized before and after each class, workshop, and rehearsal. This includes, the floors, bars, doorknobs, bathroom area, and lobby.

\*If your dancer starts to feel sick or develops a fever during rehearsal parents will be asked to pick them up immediately.

By signing this agreement, I/my child acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I/my child may be exposed to or infected by COVID-19 by attending classes, activities, workshops, and rehearsals and that such exposure or infection may result in personal injury, illness, disability, and death. I/my child understand that the risk of becoming exposed or infected by COVID-19 at the studio may result from actions, omissions, or negligence of myself/my child and others, including, but not limited to, studio employees, other students, vendors or affiliates and their families. I/my child voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself including but not limited to personal injury, illness, disability, loss, claim, liability, death, or expense of any kind, that my I/my child may experience or incur in connection with my/my child's attendance or participation in studio classes, activates, workshops, and rehearsals. On my behalf, I/my child hereby release, covenant not to sue, discharge, and hold harmless the studio, its employees, agents, and representatives, of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of relating thereto. I/my child understand and agree that this release includes any claims based on actions, omissions or negligence of the studio, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation on any studio services. My signature indicates that I DO NOT HOLD The VIBE Dance Academy Hawaii, its staff, employee accountable for any accidents or the spread of COVID-19 that may occur as a result of participation in the studio's classes, activities, workshops, or rehearsals. The participant is physically qualified to attend classes, activates, workshops, and rehearsals. I/my child also acknowledge the procedures that will be implemented. I/my child understand and are in agreement to follow and abide with all items listed above.

All participants are required to answer the following screening questions prior to participation

| 1. Have you or any person within your household traveled out of the state of | YES | NO |
|--|-----|----|
| Hawaii in the last 14 days?  |     |    |
| 2. Have you been in close contact with a confirmed case of COVID-19?         | YES | NO |
| 3. Are you experiencing a cough, shortness of breath, or sore throat?        |     | NO |
| 4. Have you had a fever in the last 48 hours?                                | YES | NO |
| 5. Have you experienced new loss of taste or smell?                          |     | NO |
| 6. Have you experienced vomiting or diarrhea in the last 24 hours?           | YES | NO |

| (Dancer's Name) | (Dancer's Signature) | (Date) |
|-----------------|----------------------|--------|
| (Parent's Name) | (Parent's Signature) | (Date) |