



TEMPLATE ONLY - Check with your insurers, lawyers, and medical advisors at your discretion to create your own version of this document.

Safety First Partnership Agreement and Assumption of Risk

The Safety First Partnership Agreement is between _____ (school/studio) and _____ (student) and their parent(s)/legal guardian(s) and their family. Each time you are coming into our [INSERT STUDIO NAME], you agree to the following:

To the best of my knowledge, I/my child:

(Please initial)	
	Have not shown symptoms of COVID-19 in the past 14 days. According to the Center for the Disease Control, below are symptoms: <ul style="list-style-type: none"> ● Cough ● Shortness of breath or difficulty breathing ● Fever ● Chills ● Repeated shaking with chills ● Muscle pain ● Headache ● Sore throat ● New loss of taste or smell ● [INSERT ANY OTHER SYMPTOMS YOUR LOCAL GOVERNMENT RECOMMENDED OR REQUIRED YOU IDENTIFY]
	Have not been in contact with anyone who has tested positive for COVID-19 or shown any of the above symptoms in the past 14 days.
	Have worn a protective mask when in public situations where social distancing is not consistently possible.
	Understand that I could be a carrier of COVID-19 and be asymptomatic.
	Understand that I could contract COVID-19 from an asymptomatic person at our facility or a contaminated surface.
	Am fully aware of the facility's safety procedures (posted on our studio wall) to prevent the spread of COVID-19 and will follow these procedures.
	Agree to inform the studio/school immediately if I have developed symptoms within a two week period of being in the studio, or if I have learned that I have been in direct contact with someone who has later tested positive for the coronavirus within the same two week period or traveled in the past 14 days to

	(INSERT YOUR LOCAL MANDATED RADIUS, IDENTIFIED HOTSPOT AREAS, ETC).
	Understand that if I willfully and intentionally violate the stated hygiene rules in our facility, the facility has the right to suspend me without a refund.
	Agree to inform the studio/school immediately if I learn that any of the above information changes or I obtain new information.

Signature of Participant: _____ Date: _____

Print Name: _____

Parent or Guardian: _____ Date: _____

Print Name: _____

Notes for “Safety First Partnership Agreement and Assumption of Risk” Template:

- This response agreement and assumption of risk contains suggestions. It is a **TEMPLATE ONLY - check with your insurers, lawyers, and medical advisors at your discretion before using this document.**
- It is also a good idea to post a notice on the door upon entry reminding folks they have signed an agreement and a reminder to please *“inform studio staff if there have been any changes”*.
- Check your local mandates on travel outside of your radius or to a hotspot area for coronavirus.