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:  
|                 | ● 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: _____________________________________________

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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.