

*STUDIO 34, LLC  
DANCE AND PERFORMING ARTS  
35 Old State Road/ RT 67  
Oxford, Ct 06478  
203-494-3694  
475-675-2201*

**COVID-19 DECLARATION FORM AND RELEASE**

**\*\*Signature Required\*\***

**STUDIO 34, LLC**

*and anyone else involved in the operations of the studio's premises, including but not limited to, instructors, staff instructors, clerical are hereinafter referred to as Studio 34, LLC.*

**AGE OF CONSENT\***

I am an Adult over the age of Eighteen (18)

The Student is a Minor under the age of Eighteen (18)

**YOU HAVE COMITTED TO TAKE DANCE CLASS(ES)AT STUDIO 34, LLC**

YES

NO

**COVID-19 COMMON SYMPTOMS:**

**FEVER**

**DRY COUGH**

**TIREDNESS/FATIGUE**

**LOSS OF TASTE AND SMELL**

## COVID-19 DECLARATION FORM AND RELEASE

*\*\*Signature Required\*\**

### **I agree to the following\***

Please read carefully and check the following:

I understand the Covid-19 symptoms.

I affirm that neither I, nor any member of my household, currently had or has experienced the symptoms of COVID-19 within the past 14 days. Furthermore, I will immediately inform Studio 34, LLC and discontinue classes if I, or any member of my household, develops any of the COVID-19 symptoms.

I affirm that neither I, nor any member of my household, has been diagnosed with COVID-19 within the past 30 days. Furthermore, I will immediately inform Studio34, LLC and discontinue classes if I, or any member of my household, is diagnosed with COVID-19.

I affirm that neither I, nor any member of my household, has knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days. Furthermore, I will immediately inform Studio 34, LLC and discontinue classes if I, or any member of my household, is knowingly exposed to anyone diagnosed with COVID-19

I affirm that neither I nor any member of my household, has traveled outside of the country or to any city considered to be a "hot spot" for COVID-19 infections within the past 30 days. Furthermore, I will immediately inform STUDIO 34, LLC and discontinue classes once I, or any member of my household, returns from traveling outside the country or to any city considered to be a "hot spot" for COVID-19 infections.

I understand the Studio 34, LLC cannot be held liable for any exposure to the COVID-19 virus caused by any misinformation on this form or the health history provided by each Student.

## COVID-19 DECLARATION FORM AND RELEASE

*\*\*Signature Required\*\**

Studio 34, LLC will be adhering to the following enhanced procedures to prevent the spread of COVID-19.

Our instructors and staff will.....

- . Clean/Disinfect frequently touched surfaces thoroughly and at regular intervals
- . Wash/Sanitize our hands before each session.
- . Always wear our masks.
- . Always maintain a safe distance.
- . Accommodate a limited number of students in each class to ensure physical distancing.
- . Schedule classes so as to allow time for cleaning/disinfecting surfaces and allow students to finish and leave the studio before the next set of students arrive.
- . Provide sanitizers in the reception area and other locations within the premises.

We are requesting that each of our students, please.....

- . Parents and guardians please check your child's temperature prior to coming to Studio 34, LLC
- . Adults, over the age of Eighteen (18), Please check your temperature prior to coming to Studio 34, LLC. **Does not apply as of May 2021**
- . Always wear a face mask in and around Studio 34, LLC.
- . Use the hand sanitizer before entering and while exiting the studio
- . Carry their own water bottles for drinking water.

**COVID-19 DECLARATION FORM AND RELEASE**

**\*\*Signature Required\*\***

By signing below, I agree to each statement above and release Studio 34, LLC from all liability for the unintentional exposure or harm do to COVID-19

Studio 34, LLC, agrees to abide by these standards and affirms the same.

**STUDENTS NAME IN FULL\***

**PARENT/GUARDIAN\*\***

\_\_\_\_\_  
Please print

\_\_\_\_\_  
Please print

**NUMBER TO CALL/TEXT\***

\_\_\_\_\_  
Signature  
**EMAIL\***

**SIGNATURE OF OWNER\*\***

**DATE\***

\_\_\_\_\_

\_\_\_\_\_