



Ballet Idaho Academy Medical, Health and Liability Release Waivers

MEDICAL WAIVER: I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for myself or my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian/emergency contact/spouse other can be reached in the case of an emergency.

MEDICAL CONSENT: In the event of injury, I hereby authorize the program officials of the Ballet Idaho Academy to arrange for medical services as may be deemed reasonable and necessary to the welfare of the injured, and I do hereby release the Ballet Idaho Academy and all others from all liability in taking action, including all action which may be contrary to personal religious beliefs. I, the undersigned, have read this Release and Consent to medical treatment and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

COVID-19 WAIVER: I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and other public health authorities still recommend practicing social distancing.

* I acknowledge that Ballet Idaho Academy has put in place preventative measures to mitigate the spread of the Coronavirus/COVID-19.

* I acknowledge that Ballet Idaho Academy can not guarantee that I, or my child, will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself, or my child, and others, including, but not limited to, BIA staff, other students and families.

* I acknowledge that taking dance classes provided by Ballet Idaho Academy increases the risk of exposure to the Coronavirus/COVID-19. I acknowledge that I, and my child (student), must comply with all set procedures to reduce the spread while attending BIA classes.

* I acknowledge that I will do my due diligence in self monitoring, or monitoring my child, prior to attending class by reviewing the following health and safety checks for myself or my child:

- I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

- I have not traveled internationally to highly impacted regions within the last 14 days,

or to a highly impacted area within the United States in the last 14 days.

-I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19. I have not been diagnosed with Coronavirus/Covid-19.

-If I have tested positive for COVID- 19, I have gone through the necessary isolation and quarantine periods and have been cleared formally through state or local health authorities.

* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

LIABILITY RELEASE: I do hereby agree to release the Ballet Idaho Academy and all other cooperating agencies, employees, officials, or managers thereof, from all liability for damages by reason of injuries or property damages that may be sustained as a result of participation in this program.

Name of Student: _____

Parent Signature: _____

Date:

Student Signature (if over 18): _____

Date: