



COVID-19 PARENT/GUARDIAN INDEMNITY FORM

1. I understand the risks associated with COVID 19 and understand the manner in which the virus spreads.
2. I am aware of, and understand, the policies that the Michele Pope Dance Studio (MPDS) has implemented in order to minimise the risk of transmission of COVID 19.
3. Given the nature of the COVID 19 virus, I know and understand the risks associated with sending my child to the MPDS classes. I accept these risks and agree that I cannot hold the MPDS or its staff liable for the transmission of, or any outbreak of, the virus during classes. I indemnify, waive any right I might have to institute any claim of any kind against the MPDS or its staff in this regard and in relation to COVID-19.
4. This document does not exclude or limit any liability that is not capable of exclusion or limitation by law.
5. I agree and undertake that:
 - a. I, and my child/children, will adhere to all policies that the MPDS has put in place with regard to COVID 19.
 - b. My child/children will be kept at home if they show any symptoms of COVID 19, or are otherwise sick. These symptoms include, but are not limited to, cough, fever, tiredness, sore throat, runny nose, shortness of breath, diarrhoea, headache, loss of taste or smell, rash or chest pain.
 - c. I will inform the MPDS immediately if anyone in the household has been infected with COVID 19. In this event, our family will undertake to quarantine the entire family for 14 days.
6. I confirm that before my child/children return to the MPDS, I will teach them how to put the masks on and take them off and how to wear them properly. I acknowledge that:
 - a. I will provide my child/children with face masks.
 - b. My child/children will be proficient in the use of their masks before coming to school.
 - c. My child/children's clothing and masks will be washed daily.
7. I will educate my child/children about social distancing and its importance.

I DO HEREBY DECLARE AND CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS AN INDEMNITY AND RELEASE OF LIABILITY AND I SIGN IT OF MY OWN FREE WILL. **(SEE ANNEXURE A)**

SIGNED at _____ on this _____ day of _____ 2020.

PARENT/GUARDIAN (Name and Surname)

Signature



ANNEXURE A

STUDIO COVID-19 SCREENING QUESTIONNAIRE

The safety of our teachers, students, families and visitors remain the Studio's overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, the Studio is monitoring the situation closely and will periodically update our guidance based on current international and local recommendations.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and students, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in the Studios. Thank you for your time.

Students Name:	Personal Phone Number (Cell / home):
Students / Parents Email address:	Name of Teacher:

Self – Declaration by Student / Parent		Yes	No
1.	Have you returned from an international travel with the last 14 days?		
2.	Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?		
3.	Have you been in close contact with anyone who has travelled internationally within the last 14 days?		
4.	Have you experienced any cold or flu like symptoms in the last 14 days (including fever, cough, sore throat, respiratory illness, difficulty breathing)?		
5.	Have you been tested for COVID-19 and are the results pending or have they been received?		

If the answer is "yes" to any of the questions, access to the Studio's may be denied.

Signature (parent/student): _____ Date: _____

Note: The information collected on this form will be used to determine your access right to the Studio's.