

**Ballet Theatre of Scranton
and
The Dance Studio: The Official School of Ballet Theatre of Scranton**

Return to Class/Performance COVID-19 Waiver

This waiver is effective from the date signed through June 2021 or until COVID-19 guidelines change and a new waiver is generated by Ballet Theatre of Scranton and The Dance Studio: The Official School of Ballet Theatre of Scranton. Parents or other family members should not enter the studio unless absolutely necessary and in that case, must wear a mask. No children, other than students, will be permitted in the studio, no exceptions. Everyone is asked to clean hands upon entering and leaving the studio at our hand sanitizing stations. No student may enter the classroom until the previous students have exited the classroom and it has been sanitized. The teacher will then allow new students to enter. If anyone is sick, has experienced symptoms of Covid-19 recently, or has been exposed to someone testing positive for Covid-19, please contact the studio and stay home. Please call the studio at 570-347-0208 in advance of class/rehearsal to make the staff aware. All students are required to wear a mask. All teachers will wear a mask/face covering while teaching. Anyone who enters the studio is to abide by the studio COVID-19 safety policy. No student will be permitted to enter the studio or to participate in class/rehearsal without written authorization by a parent or legal guardian.

I give my permission for _____ (please print clearly) to participate in classes and rehearsals at Ballet Theatre of Scranton and/or performances. I hereby release Ballet Theatre of Scranton and The Dance Studio: The Official School of Ballet Theatre of Scranton, Joanne Arduino and Staff Members from any and all liability due to Covid-19.

I agree to abide by the above rules set forth by Ballet Theatre of Scranton and The Dance Studio: The Official School of Ballet Theatre of Scranton and Joanne Arduino.

Parent or Legal Guardian: _____ Date: _____

(Please Print Clearly)

Parent or Legal Guardian: _____ Date: _____

(Signature)