

## **JJDA COVID-19 Waiver**

I hereby certify that my child has not tested positive for COVID-19, is not awaiting the results of a COVID-19 test and does not have any symptoms of the illness. To the best of my knowledge, I certify that my child has not been exposed to COVID-19 and I will not bring my child to class if my I believe my child has been exposed to COVID-19 in the 14 days prior to class.

I will not send my child to class if she or he exhibits any of the following symptoms: Fever, Flu-like symptoms, cough, sore throat, chills, shortness of breath; or difficulty breathing, nausea, vomiting, diarrhea or new loss of taste or smell.

I agree to follow all safety procedures of The Jill Justin Dance Alliance.

I acknowledge that although The Jill Justin Dance Alliance is following all required and recommended safety practices, this cannot eliminate all risks of contracting COVID-19. I assume any and all risk associated with participating in class at The Jill Justin Dance Alliance.

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signature

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date

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print name