

**Community Safety/Accountability Pledge and Liability Waiver
Relating to Coronavirus/COVID-19
UPDATED AS OF July 28, 2021**

THE RISK: The novel coronavirus, COVID-19, was declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and can cause serious illness, and even death. We know that the virus spreads from person to person, people can be infected while showing no symptoms, and that while the U.S. is rolling out the vaccine, there is no known cure. Given these facts, Urban Artistry, Inc. (UA) cannot guarantee that you and/or your family will not become infected with COVID-19 during your voluntary activity in UA events and within the UA Dance Academy.

SAFETY/ ACCOUNTABILITY PLEDGE: Montgomery County follows State of Maryland and Maryland Department of Health COVID-19 requirements. [Website](#) Updated: JUNE 30, 2021. Urban Artistry, Inc. (UA), pursuant to the current guidelines, has put into place preventative measures to reduce the likelihood of the spread of COVID-19.

OUR PART: Communities large and small are navigating re-opening with the safety of all of its members. UA continues to prioritize community health, taking into special consideration people who are immunocompromised & unvaccinated.

Maryland Requirements and Recommendations	Urban Artistry Commitments and Expectations
<p>-As of 7/28/2021, CDC RECOMMENDS: Face Coverings Required indoors</p> <p>-REQUIRES: Face Coverings worn inside during youth classes and camps</p> <p>-RECOMMENDS: Face Coverings worn inside, particularly when physical distancing cannot be maintained, for people 2 years and older who are not fully vaccinated</p>	<p>Instructors & Desk Staff are ALL Vaccinated!</p> <p>PRIOR TO ENTERING STUDIO:</p> <ul style="list-style-type: none"> - Sign Community Agreement/Liability Waiver - Temperature Check - Social Distancing: 6 feet markers - ALL CLASSES: Masks Required <p>-VIRTUAL CLASSES: Continue to be offered at discounted rate</p> <p>-RESPONSE PROTOCOL: Should an individual report a positive Covid case, the studio will immediately be sanitized, and UADA encourages all exposed close contact instructors and students to get tested, follow CDC guidelines, and continue with virtual classes until cleared for a safe and healthy return. UADA will inform all community members.</p>

YOUR PART: Please read and complete the following information below before entering the studio. If you have had any symptoms of COVID-19, including those listed below, or you have been exposed to anyone else with these symptoms, we ask you to refrain from participating in UA programming in-person. All payments previously received will be available until one year from the undersigned date.

Required Questions	Response: Yes/ No
Do you have a fever or do you feel feverish?	
Do you have a cough or shortness of breath?	
Have you been around anyone else with these symptoms in the last 14 days?	
Have you experienced any COVID-19 symptoms or been around someone who experienced these symptoms within the past 14 days.	
Have you been recommended to be quarantine?	

<p>If you test positive, will you</p> <p>contact your healthcare provider about your positive test result and stay in contact with them during your illness;</p>	<p>YES/NO</p>
<p>stay home and isolate from others for a minimum of 10 days;</p>	<p>YES/NO</p>
<p>tell UADA and your close contacts that they may have been exposed to COVID-19?</p>	<p>YES/NO</p>

FOR STAFF ONLY: PLEASE INITIAL- Temperature Read: _____

- **Normal temperatures range from 96.6 to 99.7 degrees fahrenheit.**

ASSUMPTION OF RISK: By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my family and/or I may be exposed to or infected by COVID-19 by attending a UA event/class/program and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my family and/or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I and/or my family may experience or incur in connection with my attendance at UADA. On my behalf, and on behalf of my family, I hereby release covenant not to sue, discharge, and hold harmless UA, its employees, studios, affiliates, and representatives of and from the claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arisen out of or relating thereto, forever.

I understand and agree that this release includes any claims based on the actions, omissions, or negligence of UA, its employees, studios, affiliates, and representatives, whether a COVID-19 infection occurs before, during, or after my participation in any UA activities and/or classes.

I have carefully read, and fully understand all provisions of this document, and freely, and knowingly,

- [1] Assume the risk;**
- [2] Undertake to follow the Safety plan and directions from staff;**
- [3] Represent that I am not knowingly putting other attendants at risk;**
- [4] Waive my rights concerning liability, as previously described, and;**
- [5] Acknowledge that mask wearing is strongly recommended when social distancing can not be maintained.**

<p>Full Name: _____</p> <p>Signature: _____</p>	<p>Email: _____</p> <p>Phone #: _____</p> <p>Date: _____</p>
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Where applicable, I am the parent, or legal guardian of the minor(s) named below. I have the legal right to consent to, and by signing below, I hereby do consent to the terms and conditions of this document.

Name(s) of All Minor(s):
