

Safety First Partnership Agreement and Assumption of Risk

The Safety First Partnership Agreement is between AERIAL REVOLUTION ENTERTAINMENT and _____ (student) and their parent(s)/legal guardian(s) and their family.

Each time you are coming into our premise AERIAL REVOLUTION ENTERTAINMENT, you agree to the following:

To the best of my knowledge, I/my child (Initials):

_____ Have not shown symptoms of COVID- 19 in the past 14 days. According to the Center for the Disease Control, below are symptoms:

- Cough
- Shortness of breath or difficulty breathing
- Fever ● Chills ● Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
- Symptoms associated with Multi- System Inflammatory Syndrome in children, including persistent fever (4- 5 days), rash and abdominal pain.

_____ Have not been in contact with anyone who has tested positive for COVID- 19 or shown any of the above symptoms in the past 14 days.

_____ Have worn a protective mask when in public situations where social distancing is not consistently possible. Understand that I could be a carrier of COVID- 19 and be asymptomatic.

_____ Understand that I could contract COVID- 19 from an asymptomatic person at our facility or a contaminated surface.

_____ Am fully aware of the facility's safety procedures (posted on our studio wall) to prevent the spread of COVID- 19 and will follow these procedures.

_____ Agree to inform the studio/school immediately if I have developed symptoms within a two week period of being in the studio.

_____ Agree to inform the studio/school immediately if I have learned that I have been in direct contact with someone who has later tested positive for the coronavirus within the same two week period or have traveled (by car, boat or plane) outside of your community or any identified COVID- 19 hotspot areas within the past 14 days.

_____ Understand that if I willfully and intentionally violate the stated hygiene rules in our facility, the facility has the right to suspend me without a refund.

_____ Agree to inform the studio/school immediately if I learn that any of the above information changes or I obtain new information.

Safety First Partnership Agreement and AERIAL REVOLUTION ENTERTAINMENT, Inc. June 2020

Signature of Participant: _____ Date: _____

Print Name: _____

Parent or Guardian: _____

Email Address: _____ Phone Number: _____