

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, was declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious.** As a result, the State of Pennsylvania and the County of Philadelphia have issued emergency regulations to address COVID-19.

PlayArts, Inc. (“PlayArts”), pursuant to the current guidelines, has put into place preventative measures to reduce the likelihood of the spread of COVID-19. However, PlayArts **cannot guarantee** that your child and/or you and/or your family will not become infected with COVID-19 during your/your child’s voluntary enrollment in any PlayArts program and/or on PlayArts property.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and assume the risk that my child and/or my family and/or I may be exposed to or infected by COVID-19 by attending the PlayArts SchoolHouse 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 the sole responsibility for any injury to my child, my family and/or myself (including, but not limited to personal injury, illness, permanent disability, and death), illness, damage, loss, claim, liability, or expense of any kind, that my child, I and/or my family may experience or incur in connection with my or my child’s attendance at PlayArts (“Claims”). On my child’s behalf and on behalf of myself and my family, I hereby release, covenant not to sue, discharge, and hold harmless PlayArts, Inc., its employees, agents, and representatives, of and from arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of PlayArts, Inc., its employees, agents and representatives, whether a COVID-19 infection occurs before, during, or after my or our participation in any activities at PlayArts or on PlayArts property.

Parent/Legal Guardian Signature: _____ Date: _____

Parent Name (please print): _____

Child’s Name: _____