

LDP 2020 - Daily COVID-19 Screening Form

Child's Name: _____ Date Completed: _____

Name of Parent/Guardian completing this form: _____

Telephone # of parent/guardian completing this form: _____

Is your child currently experiencing any of the following symptoms?

Fever or temperature A cough that is new or worsening

Yes____ No____ Yes____ No____

Has anyone in your household travelled outside of the country in the past 14 days

Yes____ No____

Tested positive for the COVID-19 virus

Yes____ No____

Been in contact with anyone who has tested positive for the COVID-19 virus or experienced the symptoms above in the past 2 weeks

Yes____ No____

Lorri's Dance Place has gone above and beyond in following the safety guidelines and government protocols regarding COVID-19. The health and safety of our dancers, campers, families, staff and community remain our number one priority.

I hereby acknowledge that the above answers are true to the best of my knowledge. I acknowledge and accept that there is a risk that I could be exposed to COVID-19 while attending Lorri's Dance Place. I acknowledge and confirm that I am willing to accept this risk as a condition of attending at Lorri's Dance Place to receive services. In consideration of Lorri's Dance Place agreeing to my registration, I agree to release Lorri McKay and Lorri's Dance Place (if applicable), their officers, directors, employees, agents, sub contractors, contractors, and volunteers (the "Releasees") from any and all causes of action, claims, demands, requests, damages, or any recourse whatsoever in respect of any personal injuries or other damages which may occur or arise as a result of exposure to COVID-19 during my visit to Lorri's Dance Place. I do hereby acknowledge and agree that notwithstanding the generality of the foregoing, I declare that I will not commence litigation or otherwise seek to recover damages or other compensation against the Releasees based on any action, claim, demand, request, loss, or any recourse whatsoever arising from any potential or actual exposure to COVID-19 while attending at Lorri's Dance Place. I further acknowledge that the Releasees can rely on this Release of Liability, Waiver of all Possible Claims and Assumption of Risk as a complete defence to any and all claims, damages, causes of action, or recourse or liability that may arise at any time. I have carefully reviewed this Release of Liability, Waiver of all Possible Claims and Assumption of Risk and acknowledge that I fully understand the terms as set out above. I acknowledge that I am signing this Release of Liability, Waiver of all Possible Claims and Assumption of Risk voluntarily.