

COVID-19 Waiver of Liability

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities recommend practicing physical distancing and hand washing.

I further acknowledge that The Brecksville Theatre has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that The Brecksville Theatre can not guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to staff, other participants, and their families.

I attest that:

* I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

* I have not traveled internationally within the last 14 days.

* I have not traveled to a highly impacted area within the United States of America in the last 14 days.

* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold The Brecksville Theatre harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the theatre, or that may otherwise arise in any way in connection with any services received from The Brecksville Theatre. This liability waiver and release extends to the theatre together with all board members, staff, and employees.

Please sign below as your acknowledgement and acceptance of this disclaimer.

Student Name (Printed) _____

Parent Name (Signed) _____ Date: _____