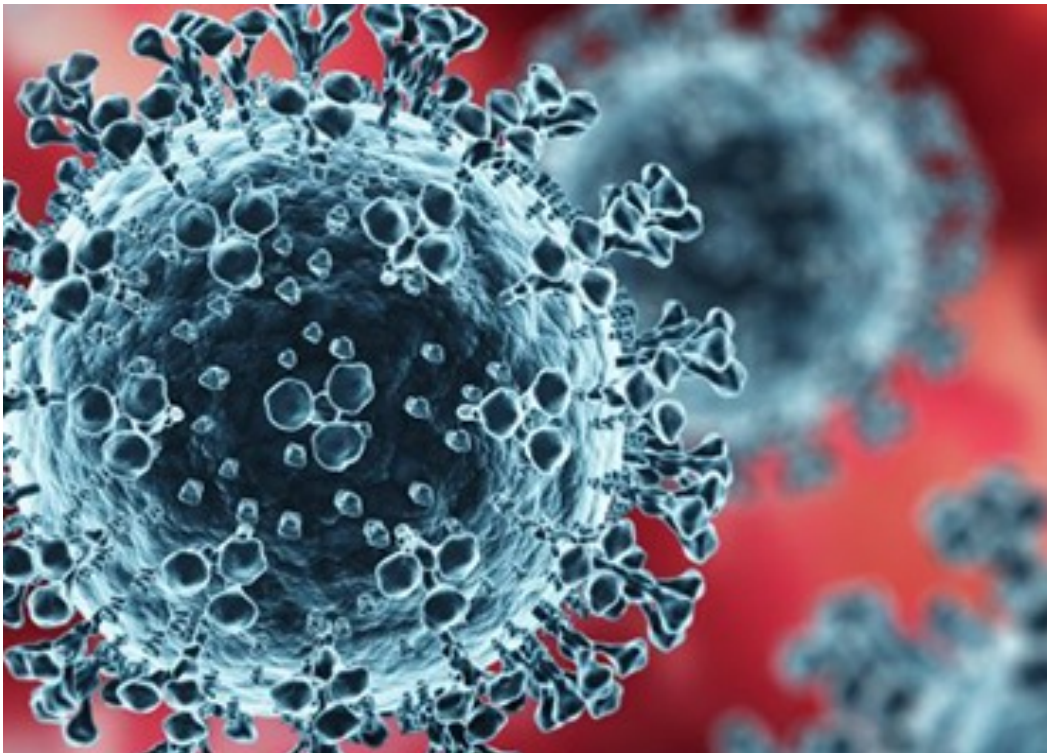

COVID-19 SAFETY PROTOCOLS AND GUIDELINES



Pizazz Dance Studio Protocols and Guidelines:

All dancers and parents need to be wearing a mask at all times.

All dancers should have a small dance bag with everything labeled including the bag. All dance shoes, water bottle with water only and hand sanitizer should be in dance bags.

All dancers 13 or younger must be accompanied by an adult wearing a mask during drop off and screening. There will be screening questions before entering the waiting room. If someone in the doorway is being screened, please remain outside in front of mailbox until they have moved and you have been given the permission to enter.

Screening questions:

Do you currently have fever, chills, cough, shortness of breathe?

Do you have muscle pain, headache or sore throat?

Are you experiencing any new loss of taste or smell?

In the past 14 days have you had contact with a confirmed case of COVID-19?

Have you or anyone in your household traveled outside of the state in the past 14 days?

Please note: If your dancer or you have answered yes to any of the questions above— they will not be permitted to enter the building. Your dancer may join class via ZOOM or Facebook live!

After the screening, and your dancer was given the thumbs up the parent may leave if your child is 5 or older. Once you have passed your screening please sanitize hands before entering to new spot located on floor.

Once inside the studio: Please wait for your teacher to give you the next direction and invites you to your designated dance square. Each dancer will have their own square on the floor 6 feet apart from each dancer.

All dancers are to stay inside their designated dance area until next direction from your teacher.

All dancers must wear something on their feet to help keep dance space clean and sanitized. These shoes must be clean and never worn outdoors. Ballet slippers should be worn for ballet, lyrical and jazz if needed... they do however make a jazz shoe or a pirouette for jazz dancers. Tap shoes for tap and for hip hop we ask that you wear clean sneakers that have not been worn outside.

If dancers need to use the bathroom, please make sure to wash your hands thoroughly, and clorox wipe the toilet handle and doorknobs when you are finished. Please not flush wipes down toilet, please discard in trash can located outside bathroom. You will need to hand sanitize upon re-entry. All dancers are encouraged to use bathroom before drop off.

Masks must be worn at all times.

At the end of class dancers will be dismissed one at a time after you have gathered all your belongings. Dancers will be at the gate waiting for an adult to pick them up. Please do not enter the building we will send them out one at a time. Please make sure you are on time for pick up and practice social distancing while waiting for dancers. We ask that you do not pull your car up in front. We will have cones and signs for pick up drop off lines. Masks must be worn.

The waiting room will be closed until further notice. We ask that there is no snacks or eating while we wait for classes or to be picked up. Dancers and parents must wear a mask at all times.

Parents with a dancer 2-4 years of age may accompany them into the waiting room. When their teacher is ready for them to enter the dance floor and in their designated dance area we ask that parents stay in waiting room and practice social distancing and proper hand sanitizing. Parents of younger dancers must wear a mask at all times and pass screening before entering waiting room with dancer. Please no siblings or friends. One parent per dancer.

Dance space and individual squares will be cleaned in the 15 minutes between each group change.

In order to adhere to the Massachusetts State guideline, strict ratios are in place to ensure smaller groups of children are together and can stay physically distanced. Each class will have no more than 10 dancers and one teacher at a time. masks must be worn at all times

If covid-19 spreads in an uncontrollable manner, Pizazz Dance Studio may need to close with little to no notice. We will implement a plan to finish the month online through zoom until further notice.

Waiting room will be closed as directed to by the state to prevent spread of COVID-19.

Please note: this is SUBJECT TO CHANGE and we will do our best to inform you of any changes when they happen.

Our number one priority is keeping your dancer safe while learning the art of dance at Pizazz!

All dancers and parents must read our protocol and waiver forms and must **sign and return** to Caitlin before the first day of your dancers dance class. You can mail signed waiver and protocol forms to:

Caitlin Vautour
80 East RD
Orange MA 01364

We are also working with the Greenfield Board of Health and will keep you posted and updated with any changes.

If you have any cleaning supply donations or questions and concerns please contact Caitlin directly at pizazzdancestudio6@gmail.com

Please sign and return to Caitlin before your dancers first day of their dance class.

I HAVE READ THE PIZAZZ DANCE STUDIO COVID-19 SAFETY PROTOCOLS AND GUIDELINES.

Name of participant: _____

Participant signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____

**WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19
ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT**

In consideration of being allowed to participate on behalf of Pizazz Dance Studio and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS (insert name of sports organization) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____ **Date signed:** _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____ **Date signed:** _____