



***COVID- 19 Pandemic: Virtual Streaming/Recording (Photoshoot), Meeting,
Private (1-on-1) Rehearsal, Instruction and/or Group Instruction
at Peak Performing Arts Center (for CHILD participant's use of space)***

I, _____ (child's legal guardian) knowingly and willingly agree to have my child return to Peak Performing Arts Center for individual (1-on-1) instruction, rehearsal/meeting, virtual streaming/recording (photoshoot) from studio/facility, and/or group instruction despite knowing that he/she may be in contact with others.

I understand that although the state of New Jersey has lifted restrictions permitting businesses to re-open, there continues to be the potential that there is still a risk of contracting the COVID-19 Coronavirus.

_____ (legal guardian initials)

I understand the COVID-19 Coronavirus has a long incubation period (approximately 14 days) during which carriers of the virus may not show symptoms and may still be highly contagious. It is incredibly difficult to determine who has the virus and is contagious, given the current situation.

_____ (legal guardian initials)

I understand that Peak Performing Arts Center, LLC. is taking all necessary precautions to limit the risk of virus transmission, however I understand there are no guarantees and that my child may be subject to transmission of the COVID-19 Coronavirus and I will not hold Peak Performing Arts Center, LLC or any of its individuals liable.

_____ (legal guardian initials)



I agree that my child will have his/her temperature taken each time (thermometer will be provided and left at Peak) upon entering Peak and will immediately advise Peak Performing Arts Center, LLC. if he/she has any signs or symptoms listed below:

Fever (temp over 100.0 F), Chills/repeated shaking with chills, Shortness of Breath, Loss of Taste or Smell, Abdominal Pain, Nausea, Vomiting, and/or Diarrhea, Dry Cough, Runny Nose/Nasal Congestion, Sore Throat, Headache, Fatigue, Muscle aches/pains

_____ (legal guardian initials)

I confirm that my child has not been traveling and that he/she is not presenting (or will not have traveled and presented for the prior 14 days of ever coming to Peak) any signs or symptoms listed:

Fever (temp over 100.0 F), Chills/repeated shaking with chills, Shortness of Breath, Loss of Taste or Smell, Abdominal Pain, Nausea, Vomiting, and/or Diarrhea, Dry Cough, Runny Nose/Nasal Congestion, Sore Throat, Headache, Fatigue, Muscle aches/pains

_____ (legal guardian initials)

I confirm that I will immediately inform Peak Performing Arts Center, LLC. if my child has any close contact with a person who is suspected or confirmed to have COVID-19 and I will immediately inform Peak if there is any close contact with a person with symptoms consistent with COVID-19.

_____ (legal guardian initials)



I understand that person to person contact increases the risk of contracting and transmitting the COVID-19 Coronavirus, and the CDC recommends social distancing with a minimum of at least 6 feet at all times as well as properly wearing a mask. It is also recommended to wash your hands often with soap & water. Always maintain proper hygiene including, but not limited to cough/sneeze etiquette.

_____ (legal guardian initials)

I confirm that my child will enter Peak with his/her mask on properly and will wear it at all times. My child will be in the pre-designated studio only and will abide by proper protocol, rules and guidelines as set forth by the governor's executive order and also by Peak Performing Arts Center, LLC. including, but not limited to my child being at studio at pre-authorized/scheduled time only. I confirm that I will drop off/pick up my child and/or arrange to properly do so. No extra items (or visitors) will be allowed in Peak. Absolutely no food in studios or hallways. Water bottles are allowed.

_____ (legal guardian initials)

Child's Name: (Please print) _____

Child's Legal Guardian Signature: _____ Date: _____