

**Hālau Ho'okahi I Ka Hula**  
**COVID-19 Waiver of Liability**

I acknowledge the contagious nature of the COVID-19 virus, and respect that the facility adheres to the CDC and AZDHS recommendations of practicing social distancing and wearing face coverings.

I further acknowledge that Hālau Ho'okahi I Ka Hula has put in place preventative measures to reduce the spread of the COVID-19 virus, to the best of their abilities.

I further acknowledge that no guarantee exists regarding whether or not I may contract COVID-19. I understand that the risk of becoming exposed to and/or infected by the COVID-19 virus may result from the actions, omissions, or negligence of myself and/or others.

I acknowledge that I increase my risk of exposure to COVID-19 by participating in services rendered. I acknowledge that I must comply with all set procedures to reduce the spread while in attendance, including, but not limited to, social distancing by at least 6 feet, frequent hand washing and wearing a mask that fully covers both my nose and my mouth.

I attest that:

\* I am not experiencing any symptom of illness such as cough, shortness of breath, difficulty breathing, fever, 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 in the last 14 days.

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

\* I have not been recently diagnosed with Coronavirus/Covid-19 by state or local public health authorities.

\* I am following all CDC recommended guidelines as much as possible, including limiting any purposeful exposure to COVID-19.

I hereby release and agree to hold Hālau Ho'okahi I Ka Hula harmless from any causes of action, claims, demands, damages, costs, expenses and compensation for damage to myself that may be caused by any act, or failure to act, or that may otherwise arise in any way with any services received. I understand that this release discharges the aforementioned from any liability with respect to bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received. This liability waiver and release extends to all owners, partners, and employees.

Print Student Name Date X \_\_\_\_\_ X \_\_\_\_\_

Print Parent/Guardian Name (if student is a minor) X \_\_\_\_\_

Student Signature  
(Parent/Guardian, if student is a minor) X \_\_\_\_\_