



## WAIVER FORM FOR SESSION/CLASS

I acknowledge that every attempt is being made to ensure the safety of all clients who use the facility of **Summit Performance** or any of its programs or activities provided in or outside of the facility, including but not limited to in home services (the "services"); however, I understand that there is always the possibility of risk of injury, loss or damage to life, limb or property to or arising from participating in any of the services provided by **Summit Performance**

In signing this form, on behalf of myself or as a parent or guardian of a child, I hereby consent and agree that the use of the facility and or services provided by **Summit Performance** whether at the facility or as an in-home service, shall be at my sole risk and responsibility and in that regard, I hereby waive, release, and forever discharge any and all rights and claims for damages, loss and/or personal injury whatsoever and howsoever caused to my person or to that of my child and/or personal property or that may hereafter accrue against **Summit Performance** its proprietors and any and all other person for who it may be responsible in law .

In signing this form, I also confirm that the participant named herein does not have any medical condition that would prevent him or her or the undersigned from participating in the service for which he or she has signed up for and any medical condition would have been declared to a representative of **Summit Performance** and the participant would have also obtained his or her physician's consent to participate in the service paid for herein.

additionally, **special medical disclosure**, i.e., allergies, medical conditions, etc. are listed below:

## PARTICIPANT / CLIENT / STUDENT INFORMATION

FIRST Name: \_\_\_\_\_ LAST Name: \_\_\_\_\_ DOB: DAY +/- MONTH +/- YEAR

Medications/Allergies: \_\_\_\_\_ Special Needs/Injuries: \_\_\_\_\_

Parent / Guardian (IF PARTICIPANT IS <18): \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Home Address: \_\_\_\_\_ City: \_\_\_\_\_

### COVID-19 DISCLAIMER

1. **Summit Performance** and its proprietor have done their best to put in place preventative measures to reduce the spread of Covid-19, such as disinfecting all equipment in between classes as well as ensuring that all trainers, teachers and students wear masks while interacting with each other in the Facility or where in-home personal services are provided but they cannot guarantee that a participant will not contract COVID-19 while participating in, in-person Services.
2. In agreeing to participate in any in-person Service whether as a student or as an independent contractor, you acknowledge and agree that there might be an increased risk of contracting COVID-19 and notwithstanding, you voluntarily, knowingly and willingly agree to this risk. You further acknowledge and agree that the possibility of your exposure may be due to the negligent act or omission of other participants, independent contractors and/or **Summit Performance** or its proprietor.
3. In agreeing to participate in any of the Services provided or working on behalf of **Summit Performance** and its proprietor, as an independent contractor in providing the Services offered, you hereby forever release and discharge **Summit Performance** and its proprietor and anyone for whom it may be responsible in law, for and against any and all liabilities, claims, action, cause of actions, loss, damage, injury of any kind you may suffer or anyone for whom you may be responsible, may suffer, as a result of you or them contracting COVID-19.

I hereby confirm that I have read and fully understand the above statements.

Signature of Participant/ Parent / Guardian/ Independent Contractor: \_\_\_\_\_