**Creative Minds, Bright Minds Preschool 3 or 4 year old Programs for 2021-22**

**COVID 19 Liability Agreement**

During the COVID 19 health pandemic, we have taken extra precautions to protect your child/children while at The Dance Center of Spokane, including but not limited to: deep cleaning each day, limiting class sizes, staff to wear masks as required/mandated by the state of Washington, persons entering the building are required to wear masks as required/mandated by the state of Washington, extra classroom cleanings, and plenty of hand washing.

Children ages 3-5 years of age are currently NOT required to wear a mask, cloth face covering, by Washington state mandate. We know some parents/guardians prefer their child wear a mask, and if this is the case, the staff will do their best to ensure the mask is worn during class, except at snack time.

\_\_\_\_\_\_\_\_\_ I wish to have my child/children wear a face mask (cloth face covering) while attending Preschool class. I will bring a clean mask to class each day for his/her use. I understand the Preschool staff will always do their best to have my child wear the mask, except during snack time. There is no guarantee the mask will be worn 100% of the time.

\_\_\_\_\_\_\_\_I will not require my child/children to wear a mask during Preschool class.

**Liability/Indemnity Agreement**

I/We agree to hold The Dance Center of Spokane/Creative Minds, Bright Minds Preschool, its Employees and its Lesser from any and all liability claims, actions, judgements, damages and injuries of any kind and nature whatsoever to the participant and/or his/her property arising from participation in activities for which the participant is registered. I/We have familiarized myself/ourselves with the description of the activities, understand the hazards, the participant’s personal limitations and knowingly assume all risks, including illness that may result from participation in class.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child/children’s name(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature

\_\_\_\_\_\_\_\_\_\_Date