



## ADDENDUM TO OUR WAIVER

As an Addendum to the Waiver you have previously signed with us as a client, you understand and agree to the following:

By entering The Dance Hub, you are aware that you agree to fully accept all known and unknown risks, including the potential risk of exposure to respiratory illnesses such as COVID-19. COVID-19 is believed to be primarily transmitted by exhaled respiratory droplets, most often through coughing and sneezing. These droplets can travel up to six feet and are more commonly transmitted between persons rather than from surfaces to persons.

Although we regularly sanitize our barres and other surfaces and are presently using enhanced cleaning methods and enforcing social distancing in our facility, you understand that you may be exposed to COVID-19 or its symptoms through no fault of our own. Known COVID-19 symptoms include fever, coughing, shortness of breath, pneumonia, kidney failure, and may include other symptoms, stroke, or even death (collectively "Symptoms").

You understand and agree that you will hold us harmless and you will not hold us liable for any real or perceived Symptoms of COVID-19 or any other disease, illness, or condition, nor for exacerbating any existing symptoms, and you fully agree to accept all risks of entering the facility, attending classes, and/or interacting with or being exposed to teachers or students.

American Dance and Music, Inc. (dba The Dance Hub) reserves the right to refuse entry to the studio if the client has traveled, not signed the waiver, has a temperature, or is showing any signs of illness. You agree to have your temperature taken on arrival at The Dance Hub.

If you have returned to the studio and show any signs of illness, you agree to notify us right away via email at [info@dancehubsb.org](mailto:info@dancehubsb.org) or by phone (805) 845-0835.

### CERTIFICATION

By signing below, I understand and agree to the Waiver Addendum and certify that I will immediately inform The Dance Hub of any changes that occur to the responses indicated above.

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Name

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Date

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Signature