

Shine Through Motion LLC

2020 – 2021

Consent and Waiver Form

Please note this form must be completed by Parent(s) prior to first class. No child will be allowed to participate without completion of on-line registration and submission of this completed form to Shine Through Motion LLC. Thank you.

Student's Name _____ Grade _____

On behalf of _____ (Participant(s) name), my minor child, I hereby apply for his/her participation in Shine Through Motion ("STM") Physical Education classes. To induce STM to accept this application, I hereby warrant that both myself and my child are familiar with the risks associated with participation in active sports and activities such as basketball, soccer, ultimate frisbee, yoga, fitness, flag football, pickle ball, beach volleyball, baseball, jump roping, hula hooping, ect.; furthermore, I warrant that my child is in good health, has no condition or defect which would interfere with his/her participation. In short, my child is active and in good health. I do hereby agree and consent to my child's participation in STM PE classes during the 2020-2021 school year and I also assume all risks and hazards which are incidental to the conduct of the activities. I hereby release, absolve, indemnify and hold harmless STM, its officers, director, employees, and all liability or damage, injury, or expense of any kind arising out of, or connected with, my child's participation in STM. I give Shine Through Motion permission for my child's image or video to be used in promotional materials such as flyers, brochures, or on Shine Through Motion's website. In all cases, I understand that my child's information will remain confidential.

I am hereby informed that my child/children are covered by my insurance policy in case of accident or medical emergency while participating in an activity sponsored by Shine Through Motion LLC. I further understand that in case of a medical emergency, my own personal medical plan will be used. Participation in Physical Education activities may result in serious injury. It is impossible to completely eliminate such occurrences from sports/activities. Players can reduce the risk of serious injury by following safety rules and using their equipment properly. Even if all these requirements are met, and even if the student is in excellent physical condition with perfect equipment, serious accidents may still occur. As a condition of participation in Shine Through Motion's Physical Education classes by:

_____ (Student/(s) Name)

I acknowledge that I read this Consent and Waiver Form and knowingly, on behalf of my child, assume the risks associated with participating in any way in Shine Through Motion's PE program.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Date _____

COVID-19 Liability Waiver

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Shine Through Motion (STM) had put in place preventative measures to reduce the spread of Covid-19 through the following practices: Classes will be limited to 12 students, students' temperatures will be taken with a non-contact thermometer before each class, mask will be worn by the teacher and students when applicable, equipment will be sanitized between use and all classes will be held outdoors. We will make every reasonable effort to socially distance campers with the use of designated areas for each student when not playing cooperative games. We will use sanitizing spray on contact items such as shared equipment or/ if we many need to touch camper's items or first aid needs.

I further acknowledge that STM can't guarantee that I/my child will not become infected with Covid-19. I understand that the risk of becoming exposed to and/or infected by Covid-19 may result from actions, omissions, or negligence of myself and others, including, but not limited to staff, and other campers and their families.

I understand that STM will make every effort to socially distance campers, but there is the possibility of others coming within 6 feet of my child.

I voluntarily seek services provided by STM and acknowledge that I/my child is increasing my/ their risk of exposure to Covid-19. I acknowledge that my child must comply with all set procedures to reduce the spread while attending class.

I attest that:

- **I agree that I will not send my child to class if anyone in my home has tested positive for Covid-19 with or without symptoms in the last 10 days.**
- **I, my student and household members do not believe I/we have been exposed to someone with a suspected and/or confirmed case of Covid-19, including waiting for test results.**
- **I, my student and household members have not been diagnosed with Covid-19 and not yet cleared as non-contagious by state or local public health authorities.**
- **I, my camper and household members are following all CDC recommended guidelines as much as possible and limiting our exposure to Covid-19.**
- **My student and members of our household are not experiencing any symptoms of illness and agree to not bring my child to class if anyone in my household is exhibiting any of the following symptoms, sign of fever, coughing, shortness of breath, difficulty breathing, chills, repeated shaking with chills, headache, muscle pain, sore throat, nausea or vomiting, diarrhea, or new loss of taste or smell. These will be referred to symptoms in the rest of the document.**
- **I agree to tell the STM staff immediately if my child shows any symptoms.**
- **I, my student have not traveled internationally within the last 14 days.**
- **I, my student have not traveled to a highly impacted area within the USA in the last 14 days.**

If I break this contract there are no refunds and my student may not return to the class.

I hereby release and agree to hold STM harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses, and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the class, or that my otherwise arise in any way in connection with

any services received from STM. I understand that this release discharges STM from any liability or claim that I, my heirs, or any personal representatives may have against STM with respect to any bodily injury, connection to, any services received from STM.

Date

Guardian Signature

Printed Name