



COVID Waiver of participation

Has your child or anyone in your family shown any symptoms of COVID-19?

YES _____ NO _____

Have your child or anyone in your family been exposed to anyone who tested positive for COVID-19?

YES _____ NO _____

By signing below I agree that I have answered the above questions accurately and that I will inform the studio owner Vicky Lloyd via phone call at **(207) 209-0758** if there are any changes.

Parent/Guardian Signature

Date