

COVID-19 Protocols for Neglia Ballet

For families, students, patrons, staff, visitors

The health of our students, staff, families and community is our top priority. Thank you for cooperating with Neglia's protocols.

FACE MASKS

- With proof of full vaccination* patrons may opt to not wear a mask at the studio.
- Masks must be worn by patrons who are unvaccinated or do not wish to disclose vaccination status.

** present your Excelsior Pass or vaccination card to staff*

CHECK-IN

- Daily body temperature check with infrared thermometer (No entry over 99.5 F)
- Contact Tracing Logs for everyone who enters studio

NO DROP-INS

- Youth & Adult students must pre-register for class enrollment online
- Appointments needed for all other visitors

WELLNESS

- Don't come to the studio if you are sick or someone in your household has COVID-19 symptoms
- If you stay at home sick, you will need a negative COVID test to return to class

Waiting room is still closed to visitors.

Updated July 2021

LOCAL & STATE GOVERNMENT GUIDANCE & RESOURCES

New York State COVID Info

<https://coronavirus.health.ny.gov/home>

Erie County Health Department COVID-19 FAQ

<https://www2.erie.gov/health/index.php?q=frequently-asked-questions-and-answers-about-covid-19-coronavirus>

Erie County COVID-19 Case Map and Data

<https://erieny.maps.arcgis.com/apps/opsdashboard/index.html#/dd7f1c0c352e4192ab162a1dfadc58e1>

NEW YORK TRAVEL GUIDELINES

<https://coronavirus.health.ny.gov/covid-19-travel-advisory>



MEDIA CONSENT WAIVER (required for ALL participants)

I understand that Neglia Ballet Artists and Neglia Conservatory of Ballet is a non-profit organization that promotes dance as an art form not only to its students, but also to the community at large. As such, articles, brochures, videos, websites, and social media (including Zoom class recordings) may be used either promotionally or educationally and may include images of Neglia Ballet Artists or Neglia Conservatory of Ballet students or other participants in our programs, classes or productions by Neglia Ballet Artists.

I hereby permit the use of my / my child's image to be photographed, videotaped or recorded for use in Neglia Ballet Artists or Neglia Conservatory of Ballet publicity or educational materials. These materials include, but are not limited to, photographs of classes and performances, newsletters, various other school publications, Neglia Ballet Artists internet webpage, videos of classes or performances, Facebook and Instagram. I understand there is no compensation for use of my/my child's image.

Participant's Full Name

Parent(s)/Guardian(s) Name(s) if participant is a minor

Signature(s) of Participant or Parent(s)/Guardian(s)

Date

RELEASE AND WAIVER OF LIABILITY (required for ALL participants)

As a participant in any program, class or production of Neglia Ballet Artists or Neglia Conservatory of Ballet I recognize and acknowledge there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages or loss that I / my child may sustain as a result of participating in any activities connected with or associated with such program, class or production, including Zoom virtual classes at my/our home.

For Zoom, I/we have ensured that the home dance area is big enough to dance in / move in without interference. It is free and clear of hazards, people, pets, and things you might step on, slip on, trip on, bump into, or which might otherwise hurt you or someone else.

I/we agree to waive and relinquish all claims I/my minor child may have as a result of participating in any program, class OR production against Neglia Ballet Artists or Neglia Conservatory of Ballet and its directors, officers, agents, employees and independent contractors.

I/we further agree to indemnify and hold harmless and defend Neglia Ballet Artists and Neglia Conservatory of Ballet its directors, officers, agents, employees and independent contractors from my claims resulting from injuries including death, damages and losses sustained by me or my minor child that arise out of, in connection with, or in any way associated with the activities of this program.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER AND RELEASE OF ALL CLAIMS.

Participant's Full Name

Parent(s)/Guardian(s) Name(s) if participant is a minor

Signature(s) of Participant or Parent(s)/Guardian(s)

Date

RELEASE OF LIABILITY, WAIVER AND INDEMNIFICATION
REGARDING SERVICES PROVIDED DURING THE COVID-19 PANDEMIC

I hereby agree on behalf of myself and any minor participant(s) identified below as follows:

I/we knowingly and willingly consent to participate in classes during the COVID-19 Pandemic. I/we hereby choose to accept the risk of contracting COVID-19 in order to utilize services of Ballet Artists of WNY, Inc. doing business as Neglia Ballet (afterwards referred to as “Neglia Ballet”) and enter its premises. These services are of such value to me, that I/we accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize Neglia Ballet services and premises in person.

I/we understand the COVID-19 virus has a long incubation period, during which carriers of the virus may not show symptoms and still be highly contagious.

To prevent the spread of this contagious virus and help protect each other, I/we understand and will follow Neglia Ballet’s guidelines.

I/we verify that I/we have not traveled outside of the United States in the past 14 days.

I/we affirm that I/we, as well as ALL household members, have not knowingly been exposed to anyone diagnosed with COVID-19.

I/we do not present any of the symptoms of COVID-19 listed on the NYS website (<https://coronavirus.health.ny.gov/>) which include:

- Fever/Chills
- Muscle pain
- Dry cough/Sore throat
- Unusual shortness of breath
- Difficulty breathing
- Loss of sense of taste or smell

I/we fully understand the risks explained and acknowledged above and fully understand that COVID-19 and the virus that causes it could make me or those around me extremely sick, or even cause permanent injury or death in ways that are not yet known or fully understood. I/we still wish to participate in Neglia Ballet’s programming. Therefore, to the fullest extent I/we can under the law, I/we agree to waive any claims, actions, losses, damages and costs, including reasonable attorneys’ fees, (which are collectively referred to as “Liabilities” in this release) against Neglia Ballet (including its officers, directors, employees, volunteers, contractors, or agents, all of whom are included in the term “Neglia Ballet” in this release) that I/we have, or may have in the future, arising from exposure to COVID-19 or the virus that causes it. This includes a waiver of any Liabilities arising from Neglia Ballet’s negligence, whether the negligence was something Neglia Ballet did or something it did not do. I/we also agree to release, indemnify and hold harmless Neglia Ballet of and from any Liabilities I/we have, or may have in the future, arising from exposure to COVID-19 or the virus that causes it, including Liabilities arising from things that Neglia Ballet negligently did or did not do. I UNDERSTAND THAT I AM RELEASING ANY AND ALL CLAIMS AGAINST NEGLIA BALLETT FOR ORDINARY NEGLIGENCE.

I/we understand and agree that the laws of the State of New York will apply to this release, and that if any portion is deemed to be void or unenforceable, then the remainder of this release will remain in full force and effect.

I/WE HAVE READ AND UNDERSTAND THIS RELEASE IN FULL, WHICH CONSISTS OF **TWO (2) PAGES**. AS A MATERIAL INDUCEMENT TO NEGLIA BALLETT AGREEING TO ALLOW ME TO PARTICIPATE (WHICH I/WE AGREE IS GOOD AND VALID CONSIDERATION), I/WE ACCEPT, ACKNOWLEDGE AND AGREE WITH THE MATTERS SET FORTH IN THIS RELEASE AND SIGN IT VOLUNTARILY, FREELY AND KNOWINGLY, INTENDING THAT IT SHALL BE FULLY OPERATIVE AND EFFECTIVE IN ALL RESPECTS. THIS RELEASE SHALL BE EFFECTIVE AND BINDING UPON ME, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES, AND ESTATE, AND FOR ALL MEMBERS OF MY FAMILY, INCLUDING ANY MINORS PARTICIPATING OR ACCOMPANYING ME.



I/WE HAVE EXECUTED THIS ACKNOWLEDGEMENT OF RISK AS OF THE DATE SET FORTH BESIDE MY SIGNATURE

I further certify that (check one):

as the participant, I am at least eighteen (18) years of age and fully competent

or

I am the parent/guardian of the minor participant(s) identified below, have the authority to enter into this Release, and am signing individually and on behalf of such minor participant(s)

Name of Participant(s) _____ Age(s) _____

Address _____ City _____ State _____ Zip Code _____

Cell Phone Number _____

Signature of Participant (if over 18)

Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE OF 18 AT TIME OF PARTICIPATION)
This is to certify that I, as parent/guardian with legal responsibility for the participant(s) identified above ("Minor"), do consent and agree to the release(s) as provided above for Neglia Ballet. In consideration of Minor being permitted by Neglia Ballet to participate in its activities and to use its premises, I further agree to waive and release, indemnify and hold harmless Neglia Ballet from any and all Liabilities, which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Signature of Parent/Guardian

Print Name

Date

