

Odyssey Dance Theatre Covid-19 Consent Form

1. I knowingly and willingly consent to participation in auditions for Odyssey Dance Theatre.
2. I understand that Odyssey is following CDC guidelines as far as infection control.
3. I am unaware of being a possible carrier or infected with COVID-19. I confirm that I have not tested positive for COVID-19 in the last 14 days and that I am not experiencing any of the following symptoms of COVID-19:
 - a. Fever of 100.5 Degrees Fahrenheit or 37 degrees Celsius
 - b. Shortness of Breath
 - c. Dry Cough
 - d. Runny Nose
 - e. Sore Throat
 - f. Diminished sense of taste and/or smell
4. **Contact With Infected:** I confirm that I have not knowingly been in close contact, defined as 6 feet or less for a duration of 15 minutes or more, with someone who has tested positive for COVID-19 in the last 14 days, or with anyone that has had the above stated symptoms in the last 14 days.
5. **Public Travel:** I confirm that I have not travelled outside the United States in the past 14 days.
6. **I Understand:** that the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms yet are still highly contagious. It is impossible to determine who has it and who does not, given the current limitations and availability of COVID-19 viral testing.
7. **Risk of Transmission:** I understand that being in an environment with other people participating in dancing, that I may have an elevated risk of contracting the virus simply by being in studio spaces, even though CDC and Utah Department of Health guidelines are being observed.
8. **Informed Consent:** I have been given the opportunity to ask any questions regarding the risks of contracting COVID-19 from Odyssey Dance Theatre and about its procedures. I reaffirm that I am not a carrier of COVID-19 nor infected with COVID-19 to the best of my knowledge. I do voluntarily assume any and all reasonable medical risks, including the substantial and significant risk of serious harm, if any, which may be associated with any phase of my treatments as a result of the COVID-19 pandemic. I acknowledge that the nature and purpose of the Odyssey Dance Theatre Safety Measures recommended have been explained to me if necessary and I have been given the opportunity to ask questions.

Dancer's Name _____

Signed - Guardian

Date