

Beverley Street Studio School (BSSS) - 217 West Beverley Street, Staunton, VA  
24401

As a participant in the Summer 2020 BSSS art class taught by Peg Sheridan, I agree to the following:

- I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the class is being offered during a period in which the virus remains active.
- I acknowledge that BSSS cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others.
- I agree to abide by current public health guidance on the dates of the class sessions, in particular that of the Centers for Disease Control (CDC) and the Governor of Virginia.
- I understand that this class will be conducted outdoors, and that in the event of inclement weather makeup session(s) will be offered rather than moving the class indoors.
- I will bring a mask and hand sanitizer to each class session.
- I agree to have my temperature taken by use of a non-contact thermometer to protect the safety of others if asked to do so,
- I will stay home if I am experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- I have not traveled internationally within the last 14 days prior to class, and I have not traveled to a highly impacted area within the United States in the last 14 days prior to class.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
- I am following all CDC recommended guidelines and Virginia Governor's requirements as much as possible.
- I hereby release and agree to hold Beverley Street Studio School 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 BSSS, or that may otherwise arise in any way in connection with any services received from BSSS. I understand that this release discharges BSSS from any liability or claim that I, my heirs, or any personal representatives may have against the school with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from BSSS. This liability waiver and release extends to the school together with its employees, contract staff, and Board members.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_