

**Michelle Leagans Power Intensives**  
**COVID-19 Pre-Screen Protocol/Guidelines**

We are glad to be back serving your students and teams again! During this time, we are following CDC and Federal Government guidelines to start operations again. Please note our updated guidelines for when coming to your participants event or camp. We appreciate your understanding and compliance of these new protocols as the Centers for Disease Control and Prevention has identified COVID-19 as extremely contagious and identified the extreme high risk for Senior Citizens and those with underlying medical conditions.

- Please sign and submit the following documents:
  - a. **COVID-19 Pre-Screen Questionnaire;**
  - b. **Event Medical Treatment Waiver Form;**
  - c. **Release of Liability for Minor Participants**
  - d. **Release of Liability for Participants – Over 18**
  
- With 6 feet social distancing and minimizing group settings still in effect, we will not be allowing family or other spectators into our events until further notice.
  
- Our staff reserves the right to take the temperature of any participant. Anyone with an elevated temperature of 99 degrees or higher may be asked to reschedule or remove themselves from the event.
  
- Participants will be asked to use their own water bottles and not to handle any other persons items during our events. No outside food may be eaten in the area of the event.
  
- Participants will be asked to use the handwashing opportunities at the event venue and the hand sanitizing stations regularly.

**I have read this entire form and understand what to expect when arriving for events with Michelle Leagans Power Intensives.**

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

**Michelle Leagans Power Intensives**  
**COVID-19 Pre-Screen Questionnaire**

1. Have you or anyone in your family traveled within the last 4 weeks internationally or out of state? YES or NO –  
If yes, to which area(s)? \_\_\_\_\_
2. Have you or anyone in your family had contact with anyone suspected to have COVID-19 or that has symptoms of COVID-19 in the last few weeks? YES or NO
3. Have you or anyone in your family had any of the following symptoms in the last 2 weeks? (If yes, please select) -
- |  |  |
|--|--|
| <input type="radio"/> Fever in last 2 weeks? (99 degrees & up) | <input type="radio"/> Muscle Pain            |
| <input type="radio"/> Cough                                    | <input type="radio"/> Loss of taste or smell |
| <input type="radio"/> Repeated shaking with Chills             | <input type="radio"/> Headache               |
| <input type="radio"/> Chills                                   | <input type="radio"/> Sore Throat            |
| <input type="radio"/> Shortness of Breath/difficulty breathing | <input type="radio"/> Diarrhea               |
- Known close contact with a person who is lab confirmed to have COVID-19
4. Have you or your family had any other upper respiratory system complications or symptoms in the last few weeks? YES or NO  
If yes, please explain: \_\_\_\_\_
5. Have you or anyone in your family tested positive for COVID-19? YES or NO  
If yes, are you completely recovered and completed a 14-day quarantine? YES or NO  
If Yes, please bring a copy of your Doctor's release/recovery documentation.
6. Do you or anyone in your family have immunosuppression? YES or NO  
If yes, name of person (s) who is immunosuppressed \_\_\_\_\_

**I have answered all questions honestly and to the best of my ability.**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

**I understand that I am choosing to come to elective dance events for my child/ children. By coming to events I understand that I am doing so at my own risk and will not hold Michelle Leagans Power Intensives and any of its employees or affiliates liable for contraction of any illnesses.**

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

**Michelle Leagans Power Intensives**  
**Social Media Release Form**

Michelle Leagans Power Intensives Event \_\_\_\_\_

Location \_\_\_\_\_

Date \_\_\_\_\_

I, the undersigned, do hereby grant permission to Michelle Leagans Power Intensives to capture and post my child's photo and video material on their Michelle Leagans Power Intensives website, and official Michelle Leagans Power Intensives social media accounts including, but not limited to, Facebook, Instagram, Twitter, Pinterest, and YouTube.

I hereby release you, your employees, and directors from all claims and demands arising out of or in connection with any use of said photo/video material, including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights.

I acknowledge and agree that no sums whatsoever will be due to me as a result of the use of the photo/video material or any rights therein for Michelle Leagans Power Intensives publications.

Circle **or Indicate one (1) of the following:**

Yes I agree to the above statements, and hereby grant permission.

No I would not like my child's photo or video released, but I have read and understand the form.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

I acknowledge that my child is under 18 years old and lacks the legal capacity to enter into binding agreements. Accordingly, I have read this Release and consent to my child's inclusion in the photos/videos will not contest the rights granted in this Release, and shall assist and support you in any and all legal proceeding for affirmation of this Agreement, should you choose to have a court of law affirm this Agreement.

Child's Name(s): \_\_\_\_\_

**Michelle Leagans Power Intensives**  
**Release of Liability for Minor Participants**

IN CONSIDERATION OF my child/ward (Name of Minor Child) \_\_\_\_\_ being allowed to participate in any way in **Michelle Leagans Power Intensives**. (“Releasee”) related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risks of injury and illness (ex: communicable diseases including but not limited to MRSA, influenza, and COVID-19) to my child from the activities involved in these programs can be significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

1. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, even if arising from the negligence of the releasees, or otherwise, and assume full responsibility for my child’s participation; and,
2. I willingly agree to comply with the program’s stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child’s readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **Michelle Leagans Power Intensives**. its owners, directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the participation WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child’s involvement or participation in these programs, arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**I, FOR MYSELF, MY SPOUSE, AND FAMILY, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child’s/ward’s presence or participation in these activities as provided above, even if it arises from their negligence, to the fullest extent provided by law.**

Name of Minor: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature Parent/Guardian: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Michelle Leagans Power Intensives.**  
**Release of Liability for Participants – Over 18**

IN CONSIDERATION OF myself, \_\_\_\_\_ being allowed to participate in any way in **Michelle Leagans Power Intensives.** (“Releasee”) related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risks of injury and illness (ex: communicable diseases including but not limited to MRSA, influenza, and COVID-19) to my child from the activities involved in these programs can be significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

5. FOR MYSELF, and my family, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, even if arising from the negligence of the releasees, or otherwise, and assume full responsibility for my participation; and,
6. I willingly agree to comply with the program’s stated and customary terms and conditions for participation. If I observe any unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from the participation and bring such attention of the nearest official immediately; and,
7. I myself, and my family, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **Michelle Leagans Power Intensives** its owners, directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the participation WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my involvement or participation in these programs, arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.
8. I, for myself, and my family, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**I, FOR MYSELF, AND FAMILY, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**This is to certify that I, as over the age of 18, have read and understood the provisions in this waiver/release including the risks of presence and participation and personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. I do consent and agree to the release provided above for all the Releasees and myself, and my family, do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my presence or participation in these activities as provided above, even if it arises from their negligence, to the fullest extent provided by law.**

Name of Over 18 Participant: \_\_\_\_\_

Signature of Over 18 Participant: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature Parent/Guardian: \_\_\_\_\_

Date Signed: \_\_\_\_\_