



LONE STAR CIRCUS™
School

Safety-First Partnership Agreement and Assumption of Risk

The Safety-First Partnership Agreement is by and between Lone Star Circus School and student and their parent(s)/legal guardian(s) and their family. Each time you are coming into Lone Star Circus School, you agree to the following:

To the best of my knowledge, I/my child:

(Please initial)	
	Have not shown symptoms of COVID-19 in the past 14 days. According to the Center for the Disease Control, below are symptoms: <ul style="list-style-type: none">● Cough● Shortness of breath or difficulty breathing● Fever, Chills, Diarrhea, Muscle Pain● Repeated shaking with chills● Headache● Sore throat● New loss of taste or smell● Feeling feverish or a measured temperature greater than or equal to 100 degrees Fahrenheit● Known close contact with a person who is lab confirmed to have COVID-19
	Have not been in contact with anyone who has tested positive for COVID-19 or shown any of the above symptoms in the past 14 days.
	Have worn a protective mask when in public situations where social distancing is not consistently possible.
	Understand that I could be a carrier of COVID-19 and be asymptomatic.
	Understand that I could contract COVID-19 from an asymptomatic person at our facility or a contaminated surface.
	Am fully aware of Lone Star Circus School's safety procedures to prevent the spread of COVID-19 and will follow these procedures.
	Agree to inform the studio/school immediately if I have developed symptoms within a two week period of being in class, or if I have learned that I have been in direct contact with someone who has later tested positive for the coronavirus within the same two week period or traveled internationally in the past 14 days.

(Please initial)	
	Understand that if I willfully and intentionally violate the stated hygiene rules in our facility, Lone Star Circus has the right to suspend me without a refund.
	Agree to inform the studio/school immediately if I learn that any of the above information changes or I obtain new information.

Signature of Participant: _____

Date: _____

Print Name: _____

Parent or Guardian: _____

Date: _____

Print Name: _____