

# Special Needs Dance Movement

INSTRUCTOR: CHERYL LABODA

Ages: 6 & Up

This class is an adaptive movement class for Boys & Girls ages 7 yrs. & up. Students will explore the basics of ballet and jazz technique while being able to implement the skills they learn into basic combinations set to music. Siblings are also welcome to register for the class. Masks will be required and social distancing will be in place. We're asking each participant bring their own Yoga Mat. Classes are held at the Activities Center at Manry Park on Saturdays.

<http://www.serendipityspecialneedsdance.com/>

*Saturday Morning's: 10:00-10:45am*

September 11 - September 25

## PLEASE PRINT CLEARLY

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phone #: (     ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

The undersigned hereby consents to participate in the above named recreation program sponsored by the Department of Recreation, City of Willowick. I assume all risks, injuries, illnesses, and hazards incidental to such participation including transportation to and from activities, and I do hereby waive, release, absolve, indemnify, and agree to hold harmless any and all claims for damages against the Willowick Recreation Department, officers, employees, Serendipity Dance, Cheryl Laboda, and the instructors on their own behalf on account or resulting from participating in such activity.

\_\_\_\_\_  
Parent or Guardian Waiver Signature

Fee: 3-week session- \$51

Make check payable to **CHERYL LABODA**



Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ck#: \_\_\_\_\_ Cash \_\_\_\_ Total Paid: \_\_\_\_\_



## **City of Willowick COVID-19 Recreational Program Wavier**

I understand the hazards of the novel coronavirus (“COVID-19”) and am familiar with the Centers for Disease Control and Prevention (“CDC”) guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated, and I accept full responsibility for familiarizing myself with the most recent updates. Notwithstanding the risks associated with COVID-19, which I readily acknowledge and understand, I agree to permit my child participate in the Willowick Recreational Programs. I further agree to adhere to all applicable laws and Department of Health recommendations and guidelines, including but not limited to social distancing, face coverings, and assessment testing.

I acknowledge and fully assume the risk of illness or death related to COVID-19 arising from my child and myself being on the premises or from participating in the Recreational Programs there and hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the City of Willowick, its officials, elected or otherwise, agents, employees, contractors, and assigns (the “RELEASEES”) from any liability related to COVID-19 which might occur as a result my being on the premises, and participating in Willowick Recreational Programs .

I shall indemnify, defend and hold harmless the RELEASEES from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, attorneys’ fees, costs and disbursements, whether of in-house or outside counsel and whether or not an action is brought, on appeal or otherwise), arising from or out of, or relating to, directly or indirectly, the infection of COVID-19 or any other illness or injury. This Waiver and Hold Harmless Agreement shall bind any assigns and representatives, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. This Agreement and the provisions contained herein shall be construed, interpreted and controlled according to the laws of Ohio.

I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO A JURY TRIAL OF ANY DISPUTE ARISING IN CONNECTION WITH THIS AGREEMENT. I ACKNOWLEDGE THAT THIS WAIVER WAS EXPRESSLY NEGOTIATED AND IS A MATERIAL INDUCEMENT THE PERMISSION GRANTED BY RELEASEES TO BE ON PREMISES, AND PERMITTING MY CHILD TO PARTICIPATE IN THE WILLOWICK RECREATIONAL PROGRAM

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

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