

Procedures & Liability



STUDIO POLICIES PHASE 2

- CHECK IN
 - Temperatures Taken, Waivers Collected, Waiting Area Assignment
 - Must wear masks in lobby area/locker area during regular class sessions
 - Temperatures over 100 will not be permitted, waivers must be signed and turned in EVERY WEEK, waiting room will be blocked at 6' distance for holding belongings and changing, bags and belongings should be bare minimum to shoes, water, and snacks if necessary.
- CLASSES
 - Classes will end 5 minutes early, studios are gridded at 6' distance and class sizes regulated.
 - We have commercial grade FDA/CDC verified to kill COVID, but safe around food service and children, cleaner. Large classes have been split and students have been individually notified of alternative class time.
- DROP OFF/PICK UP
 - We will support a carloop style drop off/pick up (see diagram for directions)
 - to maintain 50% building capacity regulations, and integrity of the lobby sanitation between classes parents will not be permitted in the studio.
 - LOBBY will remain closed during this phase.

OUR FAMILY ACKNOWLEDGES THE ABOVE STATEMENTS AND DECLARE THE FOLLOWING:

PLEASE INITIAL NEXT TO EACH STATEMENT

- ____ • I understand this is phase 2 and policies can change as determined by our government
- ____ • I understand that these terms can be terminated, changed or lifted at anytime as deemed by studio owner, state or national statute.
- ____ • No one in our immediate family or persons we live with or have regular contact with has been in contact with COVID-19 to the best of our knowledge or we have quarantined for 2 weeks after our contact
- ____ • No one in our contacted family/friends have traveled outside the state of Florida in the last 2 weeks.
- ____ • I assume all risks involved with taking classes in a public space during this phase and understand that Innovative Studios Trinity will not be held liable for any exposure to COVID-19

Does your child or anyone in your home or contact currently exhibit signs of COVID-19 (sore throat, fever, cough, shortness of breath or difficulty breathing, headache, or chills).

YES

NO

Signed: _____ Date: _____

STUDENT: _____