



## CONSENT FORM TO OPT OUT OF FACE MASK REQUIREMENT

The Centers for Disease Control and Prevention (CDC) have provided guidance stating that the wearing of face coverings slows the spread of COVID-19. Failure to wear a face covering may subject a student to an increased risk of contracting COVID-19 and spreading COVID-19 to others. It is therefore the policy of Access Arts, for the foreseeable future, to require all staff and class participants to wear a face mask while inside the facility.

An exception to this policy is being offered exclusively to Home-school families participating in private classes at Access Arts, per the request of several parents. This exception is only available to these participants, and only upon completion of this consent form. By completing this form, you are authorizing your student to not wear a face covering while at Access Arts. A separate form must be completed for each child.

### TO BE COMPLETED BY PARENT, GUARDIAN, LEGAL CUSTODIAN, OR FOSTER CARE PROVIDER

#### Parent/Guardian/Legal Custodian/Foster Care Provider Information

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

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Student Information

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

Date of Birth: \_\_\_\_\_

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the student.
- I understand that some class participants may choose to wear a mask, and I will respect their decision to do so.
- I understand that Access Arts Instructors will wear masks during the classes.
- I understand and agree that nothing herein shall relieve the parent, guardian, legal guardian, foster care provider, or student named from any liability associated with the student not wearing a face covering.
- I understand that in the event that class is canceled due to a participant's contracting COVID-19, no refund or makeup classes will be provided.
- I agree on behalf of myself and the student to hereby release Access Arts from any and all liability associated with the student not wearing a face covering.
- I will notify Access Arts in writing if I choose to revoke my consent.

Signature of Parent/Guardian/Legal Custodian/Foster Care Provider: \_\_\_\_\_

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