

**Skills & Frills, LLC**  
**Liability Waiver**

On behalf of myself and my minor child (the "Participants"), I hereby acknowledge that participating in any activities and using of any of the facilities or equipment provided by Skills & Frills, LLC (the "Services") involves a risk of accidents, injuries and/or potential exposure to communicable diseases, including COVID-19 coronavirus.

Furthermore, by signing this agreement, I acknowledge the contagious nature of COVID-19 coronavirus and voluntarily assume the risk that Participants and my family may be exposed to or infected by COVID-19 while utilizing the Services, and that such exposure or infection may result in injury, illness, permanent disability, and/or death.

In consideration of the Services provided, I hereby voluntarily and unconditionally waive, release and discharge Skills & Frills, LLC, and all of its owners, directors, officers, members, attorneys, agents and representatives ("Related Parties") from any and all claims, demands, actions or proceedings that any Participants may have for injuries (including personal injury, disability and/or death), illness, damage, loss, claim, liability, or expense, of any kind ("Claims"), arising out or relating to utilization of the Services.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury, illness or Claims to Participants as relates to exposure to, and/or contraction of, COVID-19 coronavirus while utilizing the Services.

I hereby release, covenant not to sue, discharge, and hold harmless Skills & Frills, LLC and its affiliated parties from any and all Claims, including all liabilities, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Skills & Frills, LLC and all Related Parties.

BY EXECUTION HEREIN BELOW, PARTICIPANTS UNDERSTAND THAT IF I OR ANYONE IN MY HOUSEHOLD IS EXPERIENCING SYMPTOMS OF COVID-19 (FEVER, COUGH, SHORTNESS OF BREATH, CHILLS, MUSCLE PAIN, HEADACHE, SORE THROAT, NEW LOSS OF TASTE OR SMELL), HAVE TESTED POSITIVE, OR WAS EXPOSED TO SOMEONE WITH COVID-19 WITHIN THE LAST 14 DAYS, I SHOULD STAY HOME UNTIL THE CDC'S PUBLISHED ISOLATION CRITERIA ARE MET.

I understand and agree that the law of the State of Georgia will apply to this contract.

**I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.**

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Student's Name (Print)

I am the parent or legal guardian of the minor child above. I have the legal right to consent to and, by signing below, I hereby consent to the terms of this contract.

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Parent/Guardian Name (Print)

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Date

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Parent/Guardian Signature