

DANCER, STAFF & VISITOR ADVISORY AND ACKNOWLEDGEMENT

Dear Dancer, Staff or Visitor,

You have come to the **Gail Towbes Center for dance**, to dance, teach or visit.

While our studio complies with State Health Department and the Center for Disease Control and Prevention Infection control guidelines to prevent the spread of the COVID-19 virus, we cannot make any guarantees.

Students and other person who enter the Center are required to sign this same form to confirm that they have not been exposed to the virus. However, since we are a place of public accommodation, other persons (Including other staff or employees) could be infected with or without knowledge.

In order to reduce the risk of spreading COVID-19, we have asked you a number of "screening" questions below. For the safety of our staff, other person and yourself, please be truthful and candid in your answers.

PLEASE ANSWER YES OR NO WITH YOUR INITIALS, TO THE FOLLOWING

- HAVE YOU BEEN DIAGNOSED POSITIVE FOR THE COVID-19 AT ANY TIME ? _____ YES _____ NO
- ARE YOU CURRENTLY AWAITING THE RESULT OF A COVID-19 TEST? _____ YES _____ NO
- DO YOU HAVE A FEVER _____ YES _____ NO
- DO YOU HAVE ANY SHORTNESS OF BREATH? _____ YES _____ NO
- DO YOU HAVE A DRY COUGH? _____ YES _____ NO
- DO YOU HAVE A RUNNY NOSE? _____ YES _____ NO
- HAVE YOU LOST YOUR SENSE OF TASE AND/OR SMELL? _____ YES _____ NO
- DO YOU HAVE A SORE THROAT? _____ YES _____ NO
- DO YOU HAVE ANY SNEEZING,WATERY EYES, AND/OR SINUS PAIN/PRESSURE THAT IS UNUSUAL AND NOT RELATED TO SEASONAL ALLERGY? _____ YES _____ NO
- WITHIN THE LAST 14 DAYS, HAVE YOU TRAVELLED TO ANY FOREIGN COUTRY? _____ YES _____ NO
- WITHIN THE LAST 14 DAYS, HAVE YOU TRAVELLED WITHIN THE USA OR TO _____ YES _____ NO
- IF YES WHERE? _____

I agree that I will not hold State Street Ballet and Gustafson Dance Owners, and any of their employees liable If I become sick from COVID-19after attending one of the classes while visiting at the Gail Towbes Center for Dance

Print name and sign (or on behalf of: _____) Date _____

NAME _____

Today's date: _____

Temperature reading: _____

Check if there is no change to your response on the other side of the page

Today's date: _____

Temperature reading: _____

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