

# **INDEPENDENCE SQUARES**

## **COVID-19 HEALTH SCREENING**

1. Have you experienced any of the following symptoms in the past 48 hours:

- Fever or chills
- Cough that is new or getting worse
- Shortness of breath or difficulty breathing that is new or getting worse
- Fatigue (feeling tired all the time)
- Muscle or body aches
- New loss of taste or smell
- Sore throat
- Congestion or runny nose that is new and not related to allergies
- Nausea or vomiting
- Diarrhea

**CIRCLE ONE: YES NO**

2. Are you isolating or quarantining because you tested positive for COVID-19 or are worried that you may be sick with COVID-19?

**CIRCLE ONE: YES NO**

## **WAIVER and RELEASE OF LIABILITY**

You understand that by participating in the Independence Squares dances or workshops during this time of pandemic, there are certain risks from exposure to others who might have the virus, even though efforts are being made to comply with state and federal guidelines for safety during the pandemic. By signing this waiver, you are agreeing to assume the risk in such participation, on behalf of yourself, your children and other heirs, and your personal representative, and hereby release Independence Squares, its officers, members, and callers from liability.

This waiver does not apply to any acts of gross negligence or intentional, willful or wanton misconduct by any party.

By signing this "COVID-19 Health Screening" and "Waiver and Release Of Liability", you acknowledge that your responses are true and correct and that you have read this waiver and understand its import and voluntarily agree to its terms.

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

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

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_