

INDEPENDENCE SQUARES

COVID-19 HEALTH SCREENING

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

- Fever or chills, sore throat, nausea or vomiting, diarrhea
- 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
- Congestion or runny nose that is new and not related to allergies

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

3. Do you agree to immediately notify Independence Squares if you become diagnosed with COVID-19 within 10 days of this event?

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 (please print legibly): _____

FOR CLUB USE ONLY

Date of 1st vax: _____ P M J Date of 2nd vax: _____ P M J

Date of booster: _____ P M J (P=Pfizer, M=Moderna, J=J&J)

Photo ID viewed? Yes _____ No (known person) _____

Club representative initials: _____