

# BalletNova

## Covid Symptom Questionnaire and Waiver

By entering this building, I indicate that I can do so safely based on the Virginia Department of Health's guidelines.

I am following the **COVID-19 Screening Protocol for Dancer Self-check of Health**

Just before entering BalletNova today I have assessed myself for symptoms of COVID-19.

I have asked myself: "YES or NO since my last time here, or in the past 14 days, have I had any of the following:"

- A new fever (100.4°F or higher) or a sense of having a fever?
- A new cough that cannot be attributed to another health condition?
- New shortness of breath or difficulty breathing that cannot be attributed to another health condition?
- New chills that cannot be attributed to another health condition?
- A new sore throat that cannot be attributed to another health condition?
- New muscle aches (myalgia) that cannot be attributed to another health condition or specific activity (such as physical exercise)?
- A new loss of taste or smell?
- Contact with someone in the past 14 days with suspected or confirmed COVID-19?
- I have not returned from a known Hot-Spot in the past 14 days.

**If I answer YES** to any of the screening questions above, I will not enter the building until I can do so safely as indicated by the BalletNova Updated COVID-19 Precautions and Client Guidelines. If I experience any of the above symptoms while already in the building, I will exit as quickly as possible. I also indicate that I understand that the staff and teachers at BalletNova are assessing themselves using the same Screening Self-Check Health Questions, and if they answer YES to any of the questions they will not enter the building and will not return to the studio until it is safe to do so as indicated by the BalletNova Updated COVID-19 Precautions and Client Guidelines. If the staff and teachers experience any of the above symptoms while already in the building, they will exit as quickly as possible.

I also indicate that I am entering the building of my own accord. I understand that BalletNova has policies and procedures in place, but I am responsible for my own health and safety. This signed questionnaire and waiver is verification and confirmation of the parent's/student's agreement to BalletNova Center for Dance policies and the BalletNova Updated COVID-19 Precautions and Client Guidelines as outlined. I understand there are risks inherent in any physical activity and will not hold BalletNova Center for Dance liable in the event of injury or otherwise.

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Dancer's Name

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Parent/Guardian Name (if dancer is under 18)

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Dancer's Signature (18 & over)

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Parent/Guardian Signature (if dancer is under 18)

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Date