

**In Person Dance Class  
COVID-19 QUESTIONNAIRE**

1) Have you been in close physical contact with a person experiencing symptoms of Covid 19 such as:

1. • fever (>37.8 0 Celsius) • shortness of breath
2. • difficulty breathing
3. • cough
4. • difficulty swallowing • sore throat
5. • loss of taste or smell • chills
6. • headache
7. • fatigue/feeling unwell/muscle aches
8. • nausea/vomiting, diarrhea, abdominal pain • conjunctivitis/pink eye
9. • stuffy or runny nose (unknown cause)

**YES OR NO** ( circle one)

2) Have you, or anyone in your household, been in contact with anyone that has tested positive for COVID 19 in the last 14 days?

**YES OR NO** ( circle one)

3) Have you travelled out of the country in the last 14 days?

**YES OR NO** ( circle one)

I certify that I or my child is not experiencing any of the symptoms of COVID 19 and will notify the company of any change in their personal health.

Student Name (s): \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE:      Date:

\_\_\_\_\_

## COVID-19 WAIVER

I waive any right to claim against the companies described below:

Markham School of Dance and Performing Arts, Markham School of Dance, MainStreet Dance Company Inc. and MainStreet Dance Incorporated, Prima Academy and Uncle Bear Art Centre

for any bodily injury, loss or damage as a result of any exposure to Covid 19.

I understand that by signing this waiver, this may affect my legal rights.

Student Name(s): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

DATE: \_\_\_\_\_