

COVID-19 WAIVER

Have you or someone you live with, been in close contact with a confirmed case of COVID-19 within the past two weeks?

b. Are you or anyone you live with, currently experiencing a cough, shortness of breath or sore throat not related to allergies?

c. Have you or anyone you live with, had a fever in the last 48 hours?

If you answered yes to any of these questions, please do not put our employees and other guests at risk and do not show today.

Signature _____

Printed Name _____

Date _____