CKYO COVID 19 HEALTH CHECK FORM **REHEARSAL DATE_____**

Dear CKYO Students and Families,

As you are well aware, we are experiencing unprecedented times and our number one priority is the health and safety of our students, their families, and our staff. We are following recommendations provided by the CDC and local authorities and are taking all available precautions to ensure your safety and the safety of others while attending an in-person CKYO rehearsal.

We ask that a parent/guardian sign this waiver as a record and agreement, allowing their student to participate in this week's rehearsals. Students must turn in their signed agreement at rehearsal check-in each week acknowledging the following about the student ("STUDENT") listed below of this form:

- I affirm that STUDENT has not been diagnosed with COVID19 within the past 30 days;
- I affirm that neither STUDENT nor any member of the household has or has experienced fever, or flu-like symptoms within the past 14 days;
- I affirm that STUDENT will immediately discontinue attending CKYO rehearsals if STUDENT or any member of the household develops symptoms or is diagnosed with COVID19;
- I affirm that STUDENT has not been knowingly exposed to COVID19 in the past 14 days;
- I affirm that STUDENT, nor any member of the household, has traveled outside of the country or to any city considered to be a "hotspot" for COVID19 infections within the past 14 days;

I understand that the Central Kentucky Youth Orchestras (CKYO) cannot be held liable for any exposure to the COVID19 virus caused by any misinformation on this form.

STUDENT NAME

PARENT/GUARDIAN PRINTED NAME

PARENT/GUARDIAN SIGNATURE

DATE