

COVID-19 Screening Questionnaire and Waiver

- 1.) To the best of your knowledge, have you had close contact with someone with suspected or confirmed COVID-19 infection within the last 14 days?
 - a. Close contact is defined by CDC as someone who was within 6 feet of an infected person for a total of 15 minutes or more over a 24-hour period. The World Health Organization (WHO) additionally includes persons with direct physical contact with a probable or confirmed case, direct care for a patient or probable case without using proper PPE.
 - **NO** _____
 - **YES :Please explain:** _____
- 2.) Are you currently experiencing, or have you had any of these symptoms in the last 14 days?
 - Fever greater than 100.3 F / Difficulty breathing / Persistent cough / Sore throat / General malaise (aches, headaches, etc.)
 - **NO** _____
 - **YES : Please explain:** _____
- 3.) Is anyone in your immediate family/household currently experiencing, or have you had any of these symptoms in the last 14 days?
 - Fever greater than 100.3F / Difficulty breathing / Persistent cough / Sore throat / General malaise (aches, headaches, etc.)
 - **NO** _____
 - **YES: Please explain:** _____

IF ANSWERED YES TO ANY QUESTIONS ABOVE, EMT REVIEW AND APPROVAL IS REQUIRED PRIOR TO ENTRY.

I understand that while I am at Eastern States Exposition, I am required to follow the guidelines that have been provided to me, including, but not limited to: wearing a nose and mouth covering mask; following sanitizing protocol as set forth by the CDC and the State of Massachusetts; practicing social distancing as outlined by the state, and CDC. Any violation of these guidelines may result in me being restricted from Eastern States Exposition.

Initials: _____ **Parent/Guardian of minor initials:** _____

Screening forms for participants will be kept in an on-site secure, confidential area for the duration of the adherence to COVID-19 protocols. The screening forms will be securely destroyed at the termination of COVID-19 protocols. Individuals can choose not to complete this form. Anyone who chooses not to complete the form will be declined entry to Eastern States Exposition, and denied participation in any activity on the property.

I hereby waive any liability of Eastern States Exposition, its owners, agents, contractors, associated agencies, or employees in the event that I develop symptoms of, or receive a diagnosis of, COVID-19. I understand that I am entering the Eastern States Exposition at my own risk.

I attest that all my responses are correct to the best of my knowledge. If it is determined that I have answered any of the above questions untruthfully I understand that I may be restricted from Eastern States Exposition.

Print Name: _____

Sign Name: _____ **Date:** _____

Parent or Guardian if under 18 years of age

Print name of client if under 18 yrs of age: _____

Phone Number: _____

Email: _____

Wristband No: _____

(To be completed by ESE staff upon check in)

Release of Liability

This agreement releases Eastern States Exposition and _____ (Name of Organization) _____ and /or their officers, affiliates, employees, representatives, volunteers and agents from all liability or claims of every nature relating to any/all risks that may occur while attending the _____ (Name of Event) _____. By signing this agreement, I agree, for myself and on behalf of my family, spouse, estate, heirs executors, administrators, assigns, personal representatives, and any minor over whom I have custody or control or serve as guardian (collectively "I") to hold the (Name of the Event) and all others listed above entirely free from any liability, including financial responsibility for injuries, sickness or death incurred, regardless of whether injuries or sickness are caused by negligence or otherwise.

I also acknowledge the risks involved include, but are not limit to, the potential spread of COVID-19 that could result in severe illness or potential death. I am participating voluntarily, and any/all risks have been made clear to me which I fully understand and accept. I will practice proper social distancing as recommend by all State and local directives, good hygiene (handwashing, hand sanitizer, masks required) and follow all other health recommendations ordered or suggested.

I do not have any conditions that will increase my likelihood of contracting COVID-19. I also do not have a fever or other symptoms of COVID-19. I affirm that I, as well as any other member of my group, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days. I affirm that I, as well as any members of my group have not traveled outside of the country in the last 30 days. Should I become ill, whether before or after attendance at show, I promise to self – report the illness, selfquarantine and adhere to testing and other illness related guidelines.

By signing below, I forfeit all right to bring a suit or claim against Eastern States Exposition and (Name of Organization), and /or their officers, affiliates, employees, representatives, volunteers and agents for any reason. I will also make every effort to obey safety and health directives.

I, _____, fully understand and agree to the above terms.

(Print Name)

Participant Signature

Date

Parent/Guardian Signature (If under 18 years of age).

Date

Have you received a negative test result within 72 hours of arrival OR a complete vaccination series more than 14 days prior to arrival? **YES or NO**

- Please indicate ALL members of your group on the back of this form.
- All participants listed will also be held under the same liability.
- All attendees must be listed on a waiver.
- If members are under 18, a parent's signature is also required.
- One Waiver per group.