

I, _____ acknowledge that before coming to the Lilburn or Grayson Schools of Ballet property, I have determined that I have none of the following symptoms: cough, shortness of breath or difficulty breathing, fever-99.5 or above, chills, headache, new loss of taste or smell, sore throat, trouble breathing, muscle pain, bluish lips or face, persistent pain or pressure in the chest, new confusion or inability to arouse, or bluish lips or face. I acknowledge that this list is not all inclusive and that I will stay at home if I am not feeling as I normally do. I agree that I will assess my condition each day before visiting the Lilburn & Grayson Schools of Ballet property, and each time that I visit Lilburn & Grayson School of Ballet, I am hereby re-certifying that I am experiencing none of the above symptoms and that I am feeling as I normally do.

Signed: _____ (student/Dance Instructor)

Parent/Guardian: _____

Date: _____