

COVID-19 INFORMED CONSENT

The Modern Mystery School agrees to take all reasonable precautions in accordance with the government guidelines and recommendations in regard to Covid-19. This includes that our teachers, practitioners and staff present, to the best of our knowledge, are all in the best health and do not exhibit any symptoms of illness. As an attendee, you agree to take full responsibility for your own health and awareness in the space within which you willingly enter.

Please initial beside each statement:

_____ I confirm that to the best of my knowledge I do not have Covid-19.

_____ I confirm that I have not been in contact with anyone with Covid-19 to the best of my knowledge.

_____ I confirm that I do not have any symptoms of Covid-19, including but not limited to: Fever, aches and pains, a sore throat, difficulty breathing, a cough, etc.

_____ I confirm that I have not been outside of the country within the last 14 days.

_____ I understand if I exhibit any symptom of illness that it is my responsibility to inform the teacher, practitioner or staff, and immediately leave the space for the health and safety of everyone present.

_____ I agree to monitor my own health and to leave the building, not return and seek appropriate medical attention:

- If I start feeling sick for ANY reason.
- If I start to exhibit any symptoms of Covid-19.
- If I learn that roommates or family members, I live with indicate they also have symptoms or have been in contact with someone who currently has Covid-19.

_____ I understand that if I do not feel comfortable I can leave at any point in time by my own free will.

_____ I agree that it is my responsibility to maintain a physical distance of 2 meters (or 6 feet) were ever it is possible.

_____ I agree to wash and/or sanitize my hands and do my best to avoid touching my own mouth, nose, eyes, ears as is recommended by health officials to avoid risk of spread of any infectious disease.

_____ I understand that I am required to wear a face mask or shield while participating in an MMS event and if I choose not to I will take full responsibility and leave immediately.

_____ I understand that if I am over the age of 60, I have an increased risk of Covid-19 and complications.

_____ I confirm that I am attending this event of my own free will and choice.

I, _____, **take full responsibility and recognize all inherit risk for my health and agree to not hold the Modern Mystery School, its instructors, staff, teachers, practitioners, or other attendees responsible in any way shape or form, should I contract Covid-19.**

I, _____, **accept and acknowledge the statements above have been made of MY OWN FREE WILL, with sound body and mind.**

NAME: _____ LOCATION: _____

SIGNATURE: _____ DATE: ____/____/____

WITNESS NAME: _____ LOCATION: _____

WITNESS SIGNATURE: _____ DATE: ____/____/____