



Participant's Name: \_\_\_\_\_

I acknowledge that I have been advised that due to the coronavirus pandemic, attending a class or other activity at the Sensory Beans facility ("Sensory Beans") or allowing my child to attend a class or other activity at Sensory Beans for any purpose presents risks of serious illness or death due to exposure to the coronavirus ("COVID-19"). I accept this risk of attendance and hold Sensory Beans, Inc. free of harm.

In consideration of attending a class or other activity at Sensory Beans, please answer the following:

(a) I have knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19.

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

(b) I or someone in my immediate family (living with me; spouse, child, etc.) have tested positive for COVID-19 in the past 14 days.

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

(c) I/my child and/or immediate family have experienced any symptoms of COVID-19 in the past 14 days.

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

(d) I have traveled domestically within the United States by commercial airline, bus or train within the past 14 days.

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

(e) I have traveled outside the United States in the past 14 days to countries that have been affected by COVID-19.



\_\_\_\_\_ YES

\_\_\_\_\_ NO

(f) I will disclose to Sensory Beans, Inc. if I/my child and/or a member of my immediate family become symptomatic and/or test positive for COVID-19 within 48 hours of the last class or other activity I/my child have attended

\_\_\_\_\_ YES

\_\_\_\_\_ NO

(g) I agree to allow a temperature scan of myself and my child prior to attending at a class or other activity at Sensory Beans.

\_\_\_\_\_ YES

\_\_\_\_\_ NO

I understand, read, and completed this questionnaire truthfully. I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I understand that this document is to provide the best possible guest experience when attending a class or other activity at Sensory Beans.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Session Time

\_\_\_\_\_  
Temperature (For sensory beans staff only)