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:

(1) I am fully vaccinated.**

_____ YES _____NO

**People are considered fully vaccinated:

- 2 weeks after their second dose in a 2-dose series vaccine, such as the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine

If your answer to (1) is NO, 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

If your answer to (d) was YES, please answer the following:

(i) I tested negative with a viral test 3-5 days after travel AND stayed home and self-quarantined for a full 7 days after travel.

_____ YES _____NO

(ii) I did not get tested and stayed home and self-quarantined for 10 days after travel.

_____ YES _____NO

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

_____ YES _____NO

If your answer to (2) was YES, please answer the following:

(a) I am fully vaccinated** and tested negative with a viral test 3-5 days after travel.

_____ YES _____NO

(b) I am NOT fully vaccinated and

(i) I tested negative with a viral test 3-5 days after travel AND stayed home and self-quarantined for a full 7 days after travel.

_____ YES _____NO

(ii) I did not get tested and stayed home and self-quarantined for 10 days after travel.

_____ YES _____NO

(3) 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

(4) I agree to allow a temperature scan of myself and my child prior to attending 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

FOR STAFF ONLY:

_____ _____

Session Time **Temperature**