

Camper's Name:

CoVid-19 Participant Guide and Confirmation Sheet

By signing below, I, the undersigned, hereby acknowledge and confirm the following with respect to my child, referenced above, as a participant in any event associated with the Montana Actors' Theatre Kids Camps/ Youth Production programs:

1. I have been provided with access to a copy of the CoVid-19 Guidelines and Policy and have reviewed it with my child.
2. My child and I have read the Guidelines, in full, and understood the provisions thereof, as well as my responsibilities thereunder.
3. I confirm that a representative of Montana Actors Theatre has provided me with the Mayo Clinic self-assessment tool link: <https://www.mayoclinic.org/covid-19-self-assessment-tool>, and on the next two pages.
4. I confirm that, before dropping my child at and before participating in any MAT event, my child will complete the self-assessment found at the above-referenced link (the "Self-Assessment").
5. If, after completion of the Self-Assessment, my child receives any response other than "your answers indicate that you do not have any symptoms that currently suggest the need for COVID-19 testing," then I will notify Montana Actors' Theatre and I will not allow my child to attend any Montana Actors' Theatre event until my child is well enough that he/she receives said response after completion of the Self-Assessment.
6. I also agree that if my son and/or I answer any of the following in the affirmative within fifteen (15) minutes of any Montana Actors' Theatre event in which my child is scheduled to participate, then I will not allow my child to attend any Montana Actors' Theatre event until he/she is well enough that we can answer "no" to each and every of the following questions:

COVID-19 Mayo Clinic self-assessment tool

This information is based on Centers for Disease Control and Prevention (CDC) guidelines and Mayo Clinic expert opinion. Information applies only to people currently in the United States.

* Have you been within 6 feet of a person with a lab-confirmed case of COVID-19 for at least 5 minutes, or had direct contact with their mucus or saliva, in the past 14 days?

Circle one YES NO

* In the last 48 hours, have you had any of the following NEW symptoms?

Check all that apply

_____ Fever of 100.5 F (38 C) or above, or possible fever symptoms like alternating chills

_____ Cough

_____ Trouble breathing, shortness of breath or severe wheezing

_____ Chills or repeated shaking with chills

_____ Muscle aches

_____ Sore throat

_____ Loss of smell or taste, or a change in taste

_____ Nausea vomiting or diarrhea

_____ Headache

_____ None of the above

If you answer “No” and “None of the Above,” then Mayo Clinic says your answers indicate that you do not have any symptoms that currently suggest the need for COVID-19 testing. If you answered anything other than “No,” or “None of the Above” you are unable to attend Camp today.

I hereby acknowledge that I am the parent and/or legal guardian of the child referenced above, that I have read and understood the terms, conditions and information provided in this Sheet, and that I agree to meet all of my responsibilities and my child’s responsibilities, as set forth herein.

Signature:

Date:

Print Name:

Signature:

Date:

Print Name:

Signature:

Date:

Print Name:

Signature:

Date:

Print Name: