

Sign In, Consent & Liability Waiver Form

Classical Art Atelier Drawing / Painting Course Workshop

This form seeks your confirmation that, to the best of your knowledge, you have no symptoms of COVID-19 and also confirm that you are not self-isolating or awaiting the results of a COVID-19 test.

If you answer 'yes' to any of the following questions, we ask you not to attend our class and to follow the medical advice you receive or seek medical advice before returning to our course or workshop:

- Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu-like symptoms now or in the last 14 days? Yes No
- Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days? Yes No
- Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2m for more than 15 minutes accumulative in 1 day)? Yes No
- Have you been advised by a doctor to self-isolate at this time? Yes No
- Have you been advised by a doctor to cocoon at this time? Yes No
- Have you returned from abroad in the last 14 days? Yes No

By answering 'no' to all of the questions above and signing this form, I release Classical Art Atelier from any and all liability for unintentional exposure or harm due to COVID-19. I understand that if I answer 'yes' to any of the questions above, I cannot attend this class, and forgo the right to a refund.

Student Name: _____ Instructor Name: _____

Student Signature: _____ Instructor Signature: _____

Date: _____ Date: _____