

MEMO OF UNDERSTANDING v.2 (under the trees)
REQUIRED - sign and bring to the event

initial
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Dancing at this time is a privilege. We will take **extraordinary** measures to protect ourselves from infection. Please read carefully, initial each appropriate line to show your understanding, and sign at the bottom. Thank you.

- _____ Masks are required at all times. If you must temporarily remove your mask, please step at least **50 FEET** away from the plaza and 30 feet away from people (per SF order). For reference, our dance space under the trees is about 100 x 100 feet.
- _____ We require **12 FEET** between dancers, and more is better. The trees are spaced about 16+ feet apart and make a natural "pod." Start your line dance in the middle of a pod, and remain within your pod during the dance.
- _____ Maintain **8 FEET** minimum between people at all times when not dancing, (maybe 6 feet when passing).
- _____ Be extra careful when entering and leaving the dance floor.
- _____ Limit the number of people in a single benched area to no more than 6.
- _____ Do not congregate in groups. Use the central concourse for socializing.
- _____ Partners and cohabitants must follow the same rules as other individuals.
- _____ No couples dancing, even between cohabitants.
- _____ Be especially aware and respectful of others using the park. Allow others to pass between or around yourselves while maintaining a 6-foot separation.
- _____ I further certify that I am healthy to the best of my knowledge, and have none of the possible symptoms of COVID-19, including fever, chills, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, or loss of appetite.
- _____ Furthermore, I have not been diagnosed with COVID-19, nor have had close contact with someone who was diagnosed with COVID-19, in the past 14 days.
- _____ I did not read this form carefully, and I understand that this means I will be excluded from participating in this activity. Leave blank if you do not agree.

Print Name: _____

I certify that this is the person who completed this form.

Email address or phone: _____

(required, for contact tracing)

Signature: _____ Date: _____