

**MEMO OF UNDERSTANDING v.3**  
**REQUIRED - sign and bring to the event**

initial  
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Dancing at this time is a privilege. We are taking 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 **30 FEET** away from the dance area and 30 feet away from other people (per SF order). For reference, our dance space in Golden Gate Park is 100 x 100 feet, and stage in Stern Grove is 70 x 40 feet.

\_\_\_\_\_ We require **12 FEET** between dancers, and more is better. In Golden Gate Park the trees form rectangular 16-foot pods. Start your dance in the center of a pod. In Stern Grove we will place orange cones on the stage to mark 12 feet.

\_\_\_\_\_ Maintain **6 FEET** minimum between people at all times when not dancing.

\_\_\_\_\_ Be extra careful when entering and leaving the dance floor, so you can continue to maintain your distance.

\_\_\_\_\_ Do not congregate in groups. Move away from the dance area for socializing. Stern Grove explicitly requires dispersal of the participants when the event is finished.

\_\_\_\_\_ Partners and cohabitants must follow the same rules as other individuals.

\_\_\_\_\_ No couples dancing, even between cohabitants.

\_\_\_\_\_ 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: \_\_\_\_\_  
(within 48 hours of event)