

MEMO OF UNDERSTANDING v.5
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). (The stage in Stern Grove is 70 x 40 feet. The poles are 24 feet apart on the California Academy of Sciences plaza in Golden Gate Park.)

_____ We require **12 FEET** between dancers, and more is better. We will place orange cones on the stage to mark 12 feet. Dancers should line up between the cones at the front and sides, and start your dance in the center of a pod.

_____ 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.

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

_____ No couples dancing, even between cohabitants.

_____ Do not crowd the DJ who remains in a fixed location.

_____ **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)