

**MEMO OF UNDERSTANDING  
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). The central concourse is a great place to do this.
- \_\_\_\_\_ We require **12 FEET** between dancers, and more is better. The poles are spaced 24 feet apart. There are orange markers at the centerpoint.
- \_\_\_\_\_ Maintain **8 FEET** minimum between people at all times when not dancing, (maybe 6 feet when passing). The tiles in the plaza area are 8 feet by 4 feet.
- \_\_\_\_\_ Be extra careful when entering and leaving the dance floor.
- \_\_\_\_\_ Limit the number of people in a 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. For example, two people talking 6 feet apart may not allow a third person to pass and maintain 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: \_\_\_\_\_