**Attestation and Release Form**

**Please read each of the following 4 questions.**

1. Do you have any of these symptoms that are not caused by another condition?

Fever or chills,

Cough,

Shortness of breath or difficulty breathing,

Fatigue,

Muscle or body aches,

Headache,

Recent loss of taste or smell,

Sore throat,

Congestion,

Nausea or vomiting,

Diarrhea

1. If you are not fully vaccinated, have you been in close contact with anyone with COVID- 19 in the past 14 days? Close contact is being within 6 feet for 15 minutes or more over a 24-hour period with a person; or having direct contact with fluids from a person with COVID-19 with or without wearing a mask (i.e., being coughed or sneezed on).
2. Have you had a positive COVID-19 test for active virus in the past 10 days, or are you awaiting results of a COVID-19 test?
3. Within the past 14 days, has a public health or medical professional told you to self- monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

**I attest that I answer no to each of the 4 questions above.**

**I release the reunion committee and all those that help at the event of all responsibility for possible exposure to the COVID virus during the reunion as well as if I later contract COVID.**

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Classmate 9/18/21 Guest 9/18/21