



Goldcoast Ballroom, Inc.

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COVID-19 HEALTH QUESTIONNAIRE, FACIAL COVERING DISCLOSURE AND WAIVER FORM

ALL FIELDS MUST BE COMPLETED

NAME: _____

PHONE: _____

Do you have any of the following symptoms? I do not have any of the symptoms listed below

- | | | |
|---|---|--|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Nausea or Vomiting | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Chills | <input type="checkbox"/> New Loss of Taste or Smell | <input type="checkbox"/> Runny Nose |
| <input type="checkbox"/> Muscle or Body Aches | <input type="checkbox"/> Cough | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Sore Throat | <input type="checkbox"/> or Difficulty Breathing |

Have you been in contact with anyone who has a confirmed case of COVID-19 in the past 14 days?

YES NO

If you are a health care provider and answered YES to the previous question, was this exposure without proper personal protective equipment (PPE)?

YES NO NOT APPLICABLE

Have you been out of the country in the past 14 days? YES NO

RELEASE OF LIABILITY WAIVER

I acknowledge and agree that Goldcoast Ballroom has a proper sanitation and disinfection plan in place and is properly enforcing Broward County COVID-19 Regulations applicable to businesses such as Goldcoast Ballroom. I further acknowledge and understand that COVID-19 is a highly transmissible novel virus capable of transmission and spread, particularly in indoor settings such as dance studios and ballrooms, regardless of precautions taken. I understand and agree that attendance at Goldcoast Ballroom and participation in any group classes, practice sessions, private lessons, private practice, or other events (collectively, "Classes, Practice or Events") at Goldcoast Ballroom is AT MY OWN RISK. I agree that Goldcoast Ballroom is not responsible for and shall not be liable for, and I hereby waive, release and indemnify Goldcoast Ballroom, Inc., its owners, employees, agents, and their respective successors, heirs and assigns, from and against, any claims, causes of action or liability or any kind arising out of any transmission of COVID-19 or other illness to me or others while at Goldcoast Ballroom or as a consequence of any attendance or participation in Classes, Practice or Events at Goldcoast Ballroom.

I agree that if I become symptomatic within 14 days of my visit, I will notify the Goldcoast Ballroom immediately.

FACIAL COVERING DISCLOSURE

I understand that facial coverings are required at all times while inside Goldcoast Ballroom, except while eating or drinking by order of Broward County and the City of Coconut Creek. I agree to comply with the facial covering and social distancing requirement as long as it is required.

Signature

Today's Date