

# Indianapolis Feis Health and Wellness Waiver

Fri. June 11 & Sat. June 12, 2021

Competitor Number

**STAFF ONLY**

**Print Name:** \_\_\_\_\_

I am a Competitor: **Yes No**

I am Parent/Guardian: **Yes No**

*(Please circle the appropriate YES or NO response for each question.)*

1. Within the past 14 days, have you been in contact with anyone who has COVID-19 or has had coronavirus symptoms. **Yes No**
2. Have you or an immediate family member ever tested positive for COVID-19? If yes, was the positive test within the past 10 days? **Yes No**
3. Do you have a fever today or had a fever within the past 10 days? **Yes No**
4. Do you now have or have had any symptoms of possible COVID within the past 10 days, including: cough, shortness of breath, lasting fatigue, muscle or body aches, headache, loss of taste or smell, congestion or runny nose? **Yes No**

*The above answers are true to the best of my knowledge and belief.*

**\*IF YOU SELECT YES FOR ANY OF THE ABOVE ANSWERS, DO NOT ATTEND THE INDY FEIS!**

I acknowledge by signing this form that I am entering the Indianapolis Feis of my own volition. The Indianapolis Feis has put reasonable measures in place for attendee safety, but I understand that there are inherent risks to attending, including but not limited to, injury or illness. I understand that the Indianapolis Feis, Indiana State Fair Grounds, and Irish Dancers of Indianapolis will not be responsible for any injury or illness incurred at the Indianapolis Feis.

I agree to comply with any restrictions or limitations put in place by the Indianapolis Feis, Indiana State Fair Grounds, City of Indianapolis, Marion County, the State of Indiana and Center for Disease Control.

Competitor: \_\_\_\_\_ Date: \_\_\_\_\_  
*SIGNATURE*

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
*SIGNATURE*