## Are you currently experiencing any of the COVID-19 symptoms listed below?

|  |  |  |
| --- | --- | --- |
| **Symptoms** | **Yes** | **No** |
| Fever or Chills |  |  |
| Cough |  |  |
| Shortness of breath of difficulty breathing |  |  |
| Fatigue |  |  |
| Muscle or body aches |  |  |
| Headache |  |  |
| New loss of taste or smell |  |  |
| Sore throat |  |  |
| Congestion or runny nose |  |  |
| Nausea or vomiting |  |  |
| Diarrhea |  |  |

## Please provide your contact information for Contact Tracing

|  |  |  |
| --- | --- | --- |
|  |  |  |

Legal Name Chosen Name

|  |  |  |
| --- | --- | --- |
|  |  |  |

Phone Number Email Address

## By signing below, you assume all risks of attending Michigan Framily Reunion 2021 at Wayland Farms. You agree to not hold L2L Promotions, its producer, board or volunteers responsible for loss of property, illness or injury.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Attendee’s Name Attendee’s Signature Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Guardian Name if Attendee under 18 Guardian Signature if Attendee under 18 Date