

**COVID-19 Safety Policy Attestation  
Museum Association of New York**

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

I am at least two weeks past a completed vaccination program.

Initial: \_\_\_\_\_

I have not been exposed to anyone who tested positive for COVID-19 within the past 10 days. Initial: \_\_\_\_\_

I agree to adhere to CDC and New York State Department of Health guidelines for safe gatherings and any requirements mandated by the site of the gathering including:

- Wearing masks appropriately
- Practicing social distancing
- Practicing practical sanitation procedures

Initial: \_\_\_\_\_

Do you have any of the following symptoms?

1. New or worsening cough: **(circle) Yes / No**
2. New or worsening shortness of breath: **(circle) Yes / No**
3. Are you having chills? **(circle) Yes / No**
4. Have you had a fever of 100.4 degrees or higher in the last 14 days? **(circle) Yes / No**

By signing the form below I am acknowledging the potential risk of contracting the COVID-19 virus during the event today and voluntarily agree to accept this risk. I agree and hereby release the Museum Association of New York from any and all liability associated with my potential risk.

Signed: \_\_\_\_\_

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*For MANY Staff Only:*

Initial for accepted proof of vaccination: \_\_\_\_\_

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