



Participant's Name: \_\_\_\_\_

I acknowledge that I have been advised that due to the coronavirus pandemic, attending the Social Skills Group (the "Group") and entering the Sensory Beans property (the "Property") or allowing my child to attend the Group and/or enter the Property for any purpose presents risks of serious illness or death due to exposure to the coronavirus ("COVID-19"). I accept this risk of attendance and hold Cornerstone Behavioral Services, LLC and Sensory Beans, Inc. free of harm.

In consideration of attendance of the Social Skills Group at Sensory Beans, please answer the following:

(a) I have knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19.

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

(b) I or someone in my immediate family (living with me; spouse, child, etc.) have tested positive for COVID-19 in the past 14 days.

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

(c) I/my child and/or immediate family have experienced any symptoms of COVID-19 in the past 14 days.

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

(d) I have traveled domestically within the United States by commercial airline, bus or train within the past 14 days.

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

(e) I have traveled outside the United States in the past 14 days to countries that have been affected by COVID-19.

\_\_\_\_\_ YES                      \_\_\_\_\_ NO



(f) I will disclose to Sensory Beans/the director of the Social Skills Group if I/my child and/or a member of my immediate family become symptomatic and/or test positive for COVID-19 within 48 hours of the last visit to the Property.

\_\_\_\_\_ YES                      \_\_\_\_\_NO

(e) I agree to allow a temperature scan of myself and my child prior to admittance into the facility.

\_\_\_\_\_ YES                      \_\_\_\_\_NO

I understand, read, and completed this questionnaire truthfully. I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I understand that this document is to provide the best possible guest experience when attending the Social Skills Group at Sensory Beans.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date