



Date:

Full Name:

Address:

Email Address:

ID Number:

Telephone number:

Temperature:

	YES	NO
Have you or any of your immediate family or persons sharing the same residence as you undergone COVID-19 testing within the last 10 days and still awaiting test results?*		
Have you or any of your immediate family or persons sharing the same residence as you, been diagnosed with COVID-19 in the last 10 days?*		
Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 10 days?*		
Have you had close contact with anyone who has travelled within the last 10 days to one of the high-risk COVID-19 foreign countries?*		
Have you returned from a high risk COVID-19 foreign country in the last 10 days?*		
Are you experiencing any of the following symptoms: fever, loss of taste and smell, cough, sore throat, difficulty breathing, redness of eyes, or similar COVID-19 related symptoms?*		

I hereby declare that: The information provided is to the best of my knowledge accurate, truthful & correct in all respects, and I have not omitted to disclose any information. I shall immediately notify a security representative at the property of any change relating to the information provided which may occur during the course of my visit to the property. I consent to my personal information being provided to the requisite regulatory authority for the purposes of contact tracing relating to the prevention of the spread of the Covid-19 virus. Given the nature of the Covid-19 virus, I know & understand the risks of exposure to the virus that may occur at the property & agree that I cannot hold Barnyard Theatre, its subsidiaries, associated companies, directors, managers, employers and contractors (“the indemnified parties”) liable for the transmission of or any outbreak of the virus at the property. I hereby indemnify and waive any right that I may have to institute any claim against the indemnified parties in relation to the Covid-19 virus and/or the contraction thereof. And that this consent and indemnity is given of my own free will.

Should a person be refused entry due to positive symptoms of COVID, no refunds will be permitted