

**TELLURIDE CHORAL SOCIETY**  
***Coronavirus Acknowledgement of Risk and Attestation of Vaccination***

In consideration of my decision to sing as a volunteer with the Telluride Choral Society (TCS) to include rehearsals and performing, I acknowledge and agree to the following:

1. I have been vaccinated against the novel Coronavirus (COVID-19) with a vaccine approved by the Centers for Disease Control and Prevention (CDC). If not already provided, I shall provide a copy of my vaccination record that TCS will keep in a private protected file.
  
2. I understand that rehearsing and performing with a choral ensemble in the time of the COVID-19 pandemic dramatically increases the risk of viral transmission, and that physical distancing, proper mask wearing, and other measures reduce, but do not eliminate this risk. Despite the risk, I willingly choose to participate in rehearsing and performing with the Telluride Choral Society. To the best of my ability, I also agree to comply with current and future TCS guidelines regarding participation. I understand that the TCS will take reasonable precautionary measures within its power. I also agree to follow specific protocols of the rehearsal spaces in which we practice.
  
3. Symptoms of COVID-19 may include fever, fatigue, dry cough, shortness of breath, loss of taste and smell, and others. I affirm that I, as well as household members, **at the time of each rehearsal or performance**, do not currently have or have not experienced any of these symptoms within the last 14 days, nor been diagnosed with COVID-19 within the last 14 days, nor been knowingly exposed to anyone diagnosed with COVID-19 within the last 14 days.
  
4. I understand the hazards of COVID-19 and also understand that the circumstances regarding COVID-19 change day-to-day. The CDC, local, state, and federal guidelines are frequently updated; TCS will update all participants in a timely manner and I will comply with the new guidelines as they are updated.
  
5. In signing this agreement, I acknowledge and that I have read the foregoing Coronavirus Acknowledgement of Risk, understand it, and sign it voluntarily. I am at least eighteen (18) years of age and fully competent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_