



457 Walnut Street • Newton MA 02460
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Contact: staff@newtoncommunityed.org

NCE Adult COVID Safety Sign-off

This form must be completed, signed, and handed to the instructor at every individual class session. We reserve the right to refuse any person(s) who does not meet the criteria below.

Please print clearly and legibly

Participant Name: _____ Date of Birth _____

Telephone Numbers: (Primary) _____ (Secondary) _____

Check all that apply:

- I do not have a temperature and I am NOT sick
- I have no symptoms of COVID-19
- I have not been in contact with anyone who has tested positive for COVID-19
- I will wear a mask that covers my nose and mouth while participating in this program
- I will observe social distancing as directed by the instructor while participating in this program
- I will NOT share equipment

AGREEMENT AND CONSENT

I understand that the above statements will be relied upon by NCE in permitting me to participate in NCE programs and activities.

Please Print Name

Date

Signature