

EVENT SELF-CERTIFICATION FORM

NFP & Tango

NFP Corp. (collectively, with its subsidiaries and affiliates, i.e., Tango, the “*Company*”) presents the below questionnaire based on guidance from the Centers for Disease Control and Prevention and the Occupational Safety and Health Administration to ensure appropriate COVID-19 screening of all Company employees, guests and event attendees. To protect your health and the health of your family and community, please complete this self-certification **no earlier than 24 hours prior to the event, and no later than the morning of.**

By submitting your certification, you agree to abide by Company policy and local and state safety, protective and reporting orders and rules, including but not limited to those regarding face coverings and social distancing, applicable to you while you are attending the event.

This form must be submitted on site the day of the tournament

All responses to this questionnaire will be kept strictly confidential.

1. Are you participating in or attending the event hosted by Tango? Yes No

2. In the past 10 days, have you been diagnosed with the coronavirus illness or have you been told that your coronavirus nasal swab test is positive? Yes No

3. In the past 10 days, have you been in close physical contact (within 10 feet for more than 15 cumulative minutes over 24 hours) with a person diagnosed with the coronavirus illness or with a positive coronavirus nasal swab test? Yes No

4. Do you share a residence with a person who has been diagnosed in the past 10 days with the coronavirus illness or with a positive coronavirus nasal swab test?
Yes No

5. This question is intended to initiate a dialogue about any new symptoms you may be experiencing which have not been cleared by a medical professional, either now or in the past 10 days.
 - a. Are you currently experiencing, or have you experienced in the past 10 days, at least ONE of the following new symptoms which has not been cleared by a medical professional?
 - Cough
 - Fever (100.4F/38C or higher)
 - Shortness of breath or difficulty breathing
 - Change or new loss of taste or smellYes No

 - b. Are you currently experiencing, or have you experienced in the past 10 days, at least TWO of the following new symptoms which have not been cleared by a medical professional?
 - Chills
 - Repeated shaking with chills

- Muscle or body ache
- Headache
- Sore throat
- Sneezing
- Congestion or runny nose
- Fatigue
- Nausea or Vomiting
- Diarrhea

Yes No

6. Are you considered fully vaccinated against COVID-19 pursuant to CDC guidelines? Please note that to be considered fully vaccinated by CDC guidelines, two weeks must have passed since you received the second dose in a two-dose series or two weeks must have passed since you received a single-dose vaccine.

Yes No

Please note that the above is required for health and safety purposes (for purposes of reducing the risk of spreading COVID-19 in and through the event venue and protecting our employees, clients, and other guests). The Company will:

- not use or disclose this information for any other purpose,
- maintain the privacy and security of this information, including taking precautions to avoid any unauthorized access to or use or disclosure of this information,
- not provide this information to your supervisors, managers, or peers,
- not use this information to make decisions regarding your involvement with the Company, other than restricting your access to the event for health and safety reasons.

Please sign and date below:

I hereby acknowledge that I have read the above and that my responses are true and accurate to the best of my knowledge.

Print Name: _____

Signature: _____

Date: _____