

# The Ailey School Health & Safety Pledge

As of August 2022

As a member The Ailey School community, I take the following actions on and off campus to help safeguard the students, faculty, and staff at the Alvin Ailey Dance Foundation (AADF):

- I will wear a mask/face covering if required at the Joan Weill Center for Dance and when taking part in Ailey School activities off-campus;
- I will wash my hands frequently and thoroughly (for 20 seconds, minimum), especially after contact with surfaces and items in public areas, after eating, coughing, sneezing, or wiping one's nose;
- I will maintain a safe social distancing as needed on and off-campus;
- I will self-monitor for any illness and complete daily HealthCheck screenings;
- I will follow the directions of Alvin Ailey Dance Foundation (AADF) officials regarding face coverings, testing, screening, and isolation (if necessary), and cooperate with The Ailey School's contact tracing efforts, if called upon to do so;
- I will follow The Ailey School protocols for infectious disease testing (when required), and report results promptly, if those tests are conducted by my personal physician or other healthcare provider;
- I will follow AADF and public health guidance regarding the seasonal influenza vaccine when available, and regarding a COVID-19 vaccine and/or booster when available (accommodations will be considered for those who request them);
- I will comply with COVID-19 testing policies if I have been granted an exemption to the School's vaccination policy;
- I will comply with all signage and rules regarding access to the Joan Weill Center for Dance and ingress, egress, and seating in the buildings;
- AADF and The Ailey School are taking exhaustive measures to protect the campus community, and I understand that all infectious diseases pose a serious threat to health and safety.
- I will make conscious choices, on and off-campus, to help to limit the spread of infectious disease to others in the community. I will act in the spirit of a person for others, knowing that I am helping to protect the campus community from illness.

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PRINT NAME

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DATE

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SIGNATURE