

AN INHERENT RISK OF EXPOSURE TO COVID-19 AND OTHER INFECTIONS EXISTS IN ANY PUBLIC PLACE WHERE PEOPLE ARE OR HAVE RECENTLY BEEN PRESENT. COVID-19 IS AN EXTREMELY CONTAGIOUS DISEASE THAT CAN LEAD TO SEVERE ILLNESS AND DEATH. BY USING THE POOL FACILITY, YOU VOLUNTARILY ASSUME ALL RISKS RELATED TO EXPOSURE TO COVID-19

Address: _____ **Pool Pass #:** _____

Date of Visit: ____ / ____ / ____ **Time of Visit:** _____

REQUIRED HEALTH SCREENING: Circle Yes or No

- Are you currently experiencing fever (100.4 degrees or higher) or a sense of having a fever? Yes No
Do you have a new cough that cannot be attributed to another health condition? Yes No
Do you have a new shortness of breath that cannot be attributed to another health condition? Yes No
Do you have a new sore throat that cannot be attributed to another health condition? Yes No
Do you have new muscle aches that cannot be attributed to another health condition or specific activity (such as physical exercise)? Yes No

IF YOU ANSWER YES TO ANY OF THE ABOVE QUESTIONS YOU CANNOT USE THE FITNESS CENTER AT THIS TIME!

Total people in your party: _____

First name and last name of individuals in your party (Print Please):

Your Name (Print Please): _____

Signature: _____

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