

POOL USER ACKNOWLEDGEMENT

I, _____, confirm that I am healthy and have not suffered from any symptoms of COVID-19 for the past fourteen days, such as fever, difficulty breathing, loss of smell, etc. I have indicated below by marking with an “X” any symptoms I am currently experiencing:

- Fever (100.4) degrees Fahrenheit or higher.
- Sense of having a fever.
- A new cough that cannot be attributed to another health condition.
- New shortness of breath that cannot be attributed to another health condition.
- New chills that cannot be attributed to another health condition.
- New sore throat that cannot be attributed to another health condition.
- New muscle aches that cannot be attributed to another health condition or specific activity (such as physical exercise).

I acknowledge and agree that the Association has put rules and regulations in place as preventative measures to reduce the spread of COVID-19; however, the Association cannot guarantee that patrons will not become infected with COVID-19 as a result of using the pools facilities. Further, coming to the pool facilities could increase my risk of contracting COVID-19. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending the pools and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

Print Name

Date

Signature

Signature of Parent/Guardian if Under 18