DATE: _____

By signing below, you acknowledge

- The danger of exposure to the coronavirus that causes COVID-19 exists and you voluntarily assume the risk for you/your family that you could be exposed and get sick from COVID-19.
- By entering the pool, you take responsibility for you/your family's protection and for disinfecting your hands and any tables or chairs before you use them.
- No one in your group has been sick or had a fever within the last 72 hours or has a cough, fever, or other symptoms of illness.
- You/Your family will maintain at least 6 feet between you and others who are not a part of your household.
- You/Your family will wear a face covering when you are not in the pool and when interacting with others outside of your household.

Family Last Name	First Name	Arrival Time	Signature: I acknowledge COVID guidelines and risk for myself and my family