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 where social distancing is not possible.

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