

# Kennedy Fitness COVID-19 Notice

Kennedy Fitness: A Jefferson Health Affiliate is committed to reducing the spread of COVID-19 in our community, however, we can't do it alone.

At all times, the health and safety of our members, patrons, and staff are our top priority but especially during an active pandemic. That's why we are creating an agreement that outlines our latest commitments to certain safety precautions and require anyone using facilities or services provided by Kennedy Fitness to pledge:

## **I WILL NOT COME TO THE GYM IF IN THE 14 DAYS PRIOR TO MY VISIT:**

1. Any of the current CDC Symptoms of COVID-19 including:
  - a. Cough
  - b. Shortness of breath or difficulty breathing
  - c. Fever
  - d. Chills
  - e. Muscle pain
  - f. Sore throat
  - g. New loss of taste or smell
2. I have had prolonged exposure with someone confirmed positive for COVID-19.
3. Lived with someone who has had prolonged exposure to a confirmed positive case of COVID-19.

## **WHILE IN THE GYM, I AGREE:**

1. To wear a mask inside the building at all times.
2. To have my temperature taken by a contactless reader.
3. To maintain a social distance of 6 feet or more at all times and avoid unnecessary physical contact with others.
4. To clean my equipment before and after use.
5. Per the CDC Guidelines, if you develop symptoms of COVID-19 up to 14 days following your visit to the gym we request you notify us immediately, so we can take necessary precautions to protect ourselves, other patrons and our families.

Masks and temperature readings are not forever, but they are required by state mandate until further notice. Thank you for doing your part as we work together to keep our community safe for all!

Signature on this form applies to all swimmers and family members listed within the Kennedy Fitness Guest/Employee Registration/Waiver.

Family Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_