

Five Oaks Swim Club

COVID – 19 Guest Liability Waiver & Health Screening Questionnaire

Please make sure that you do NOT bring a guest that is sick or has any of the symptoms listed below.

Social distancing and masks are required per the 5 Oaks Swim Club Guidelines!

Printed First & Last Name of Member

Printed First & Last Name of Guest

Member Signature

Printed First & Last Name of Guest

- Are any of you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms?

Cough	<input type="checkbox"/> yes <input type="checkbox"/> no	Loss of taste/smell	<input type="checkbox"/> yes <input type="checkbox"/> no	Nausea, vomiting, diarrhea	<input type="checkbox"/> yes <input type="checkbox"/> no
Chills	<input type="checkbox"/> yes <input type="checkbox"/> no	Sore Throat	<input type="checkbox"/> yes <input type="checkbox"/> no	Shortness of Breath	<input type="checkbox"/> yes <input type="checkbox"/> no
Fever	<input type="checkbox"/> yes <input type="checkbox"/> no	Head/muscle aches	<input type="checkbox"/> yes <input type="checkbox"/> no	Difficulty Breathing	<input type="checkbox"/> yes <input type="checkbox"/> no

- In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced the above symptoms since your contact?
☐ yes ☐ no
- In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19? ☐ yes ☐ no
- Have any of you been tested for COVID-19 and are waiting to receive test results? ☐ yes ☐ no
- Have any of you tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider's assessment of your symptoms? ☐ yes ☐ no
- In the past 14 days, have any of you traveled outside of the United States or been in close proximity to anyone who has traveled outside of the US? ☐ yes ☐ no

By entering the facility, you are acknowledging that you have read, understand, and agree to abide by the Supplemental Rules for Summer 2020, the Five Oaks Swim Club Rules, signs posted at the pool, and any instructions from the Staff. You acknowledge that you enter the pool at your own risk. While the pool has taken precautions in accordance with the State, Baltimore County and CDC guidance, we cannot prevent you from being exposed to, contracting, or spreading COVID-19 while utilizing the facility. If you choose to utilize the pool you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19. By entering the facility, you agree to forever release and waive your right or bring suit against Five Oaks Swim Club and its owners, officers, directors, managers, employees, or other representatives in connection with the exposure, infection, and/or spread of COVID-19 related to entering the Pool/Pool grounds. You understand that this waiver means you give up your right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim you may have to seek damages, whether known or unknown, foreseen or unforeseen.

Guest Mailing Address

Guest Email Address

Guest Phone Number

Guest Signature