



c/o Summit Management Services, Inc., AAMC
8405A Richmond Highway, Alexandria, Virginia 22309
Community Manager Direct: (703) 945-1425

POOL USER ACKNOWLEDGEMENT

I, _____, of address _____,
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 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 pool 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.

Confirm below by marking the boxes with an "X" for the following two statements:

- ☐ I agree to comply with any social distancing requirements as specified **and** I agree with and understand the Agreement to Assume Risk and Release for the pool as specified on the sign boards.
- ☐ I have not been more than 75 miles distance from the community in the previous fourteen (14) days **or** I have been fully vaccinated at least fourteen (14) days ago.

Print Name of Swimmer

Date

Signature (if age 16 or older)

Print Name of Parent/Guardian if under 16

Signature of Parent/Guardian if under 16