



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