

# Hunters Creek Swim & Racquet Club

## COVID-19 Self-Assessment Statement

By scanning my Membership pass I and my family and/or guests, state and acknowledge that the following are true and accurate, and I/we understand that these representations will be relied upon to determine admittance to and use of the Hunters Creek Swim & Racquet facilities:

1. I have not travelled internationally;
2. I have not been ordered or directed to quarantine, isolate, or self-monitor;
3. I have not been diagnosed with, or have had contact with anyone who has been diagnosed with, COVID-19 within the last 14 days;
4. I am not having any shortness of breath or difficulty breathing;
5. I do not have a fever, chills, muscle pain, cough, headache or sore throat;
6. I do not have a loss of taste or smell;
7. I have not resided with or been in close contact with any person who has had COVID-19 or has any of the symptoms listed in numbers 4-5 above;
8. I consent to being asked about whether I have any illness before using the facilities;
9. I agree that, if I feel ill or exhibit any of the commonly-known symptoms of COVID-19, including cough, shortness of breath, chills, headache, sore throat, loss of taste or smell or related symptoms, I will immediately depart the facility and seek medical attention and I will notify Hunters Creek Club and High Sierra Pools, Inc. of my symptoms and my medical diagnosis.