## Rollingwood Pool, Inc. COVID-19 LIABILITY WAIVER AND HEALTH SCREENING QUESTIONNAIRE (last updated July 3, 2020)

Complete one form for each unique LAST NAME of people coming to the Pool for each visit. PLEASE DO NOT COME TO THE POOL IF YOU ARE SICK OR HAVE ANY SYMPTOMS LISTED BELOW.

Social distancing and masks will be required per the Rollingwood 2020 COVID Procedures.

Printed Last Name & Bond Number	First Names of Family Preser	First Names of Family Present	
	Additional First Names (if ne	eded)	
<ul> <li>Are any of you currently experiencing</li> <li>Fever □ YES □ NO</li> <li>Sore Throat □ YES □ NO</li> </ul>	ng, or have you experienced in the pa Cough New loss of taste or smell	st 14 days, any of the following?  ☐ YES ☐ NO ☐ YES ☐ NO	
Chills YES NO  Nausea, diarrhea, vomiting YES  Shortness of breath or difficulty bre	Head or muscle aches  ☐ NO	□ YES □ NO	
<ul> <li>above symptoms or has experienced</li> <li>In the past 14 days, have any of you 19?  YES  NO</li> <li>Have any of you been tested for CO</li> <li>Have any of you tested positive for O health care provider's assessment or lin the past 14 days, have any of you anyone who has traveled outside of By entering the Pool, you are acknowledging that Supplemental Rules and Processes for 2020, the Packnowledge that you enter the Pool at your own guidance, we cannot prevent you or your children possible to prevent against the presence of the dincreasing your risk of contracting or spreading Cowaive your right to bring suit against Rollingwood other representatives in connection with exposur You understand that this waiver means you give to</li> </ul>	traveled outside of the United States	bur contact?    YES    NO  ho has tested positive for COVID-  t results?    YES    NO  positive for COVID-19 based on your  s or been in close proximity to  d, understand, and agree to abide by the and any instructions from Staff. You hereby ordance with State, Baltimore County, and CDC ding COVID-19 while utilizing the Pool. It is not you may be exposing yourself to and/or rs of your household agree to forever release and gers, officials, trustees, agents, employees, or entering the Pool (including the Pool grounds). onal injuries, death, disease or property losses, or	
Mailing Address	Email address		
Phone number	 Adult Member signa	Adult Member signature	