

**WESTPHALIA ROW HOA  
COVID-19 SCREENING AND ACKNOWLEDGMENT FORM**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

**Westphalia Row HOA, Inc. (“Association”)** has implemented preventative measures required by the State of Maryland and recommended by health agencies (including the Centers for Disease Control) to reduce the spread of COVID-19 among users of the Association’s fitness/gym facilities. However, the Association **cannot guarantee** that fitness/gym facility users will not become infected with COVID-19. Further, using the fitness/gym facilities could increase the risk to users of contracting COVID-19.

By signing this agreement, I agree to and acknowledge the following:

1. I am personally responsible for my safety and actions, as well as the safety and actions of persons accompanying me, while using the fitness facilities. I will comply with all policies and rules, signage, and instructions.
2. Because the fitness/gym facility is open for use by other individuals, I recognize that I may be at higher risk of contracting COVID-19 by using the fitness/gym facility.
3. COVID-19 is extremely contagious and infection may not be prevented even with full compliance of all appropriate risk mitigation policies.
4. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that myself and persons accompanying me may be exposed to or infected by COVID-19 by using the fitness/gym facilities. Such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the fitness/gym facility may result from the actions, omissions, or negligence of myself and others, including, but not limited to, contractors, volunteers, and other fitness/gym facility users.
5. I am not currently experiencing and assert that if I enter the fitness/gym at any time, I am not experiencing:
  - a. fever (100.4 degrees Fahrenheit or higher) or a sense of having a fever,
  - b. a new cough that cannot be attributed to another health condition,
  - c. new shortness of breath that cannot be attributed to another health condition,
  - d. new chills that cannot be attributed to another health condition,
  - e. a new sore throat that cannot be attributed to another health condition,
  - f. or new muscle aches that cannot be attributed to another health condition or specific activity (such as physical exercise).

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Participant Name Printed

\_\_\_\_\_  
Participant Name Printed

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Owner Signature:

\_\_\_\_\_  
Owner Signature:

\_\_\_\_\_  
Property Address:

\_\_\_\_\_  
Date: