

Cornerstone Athletic Center

COVID-19 Response Plan Required Health Assessment and Policies for Visitors

MASKS. Wear one (please). Visitors may remove the mask once the practice or class begins. Masks should be worn when entering or exiting the facility, when in common areas, or walking to the restroom.

Player/Staff/Visitor Health Risk Questionnaire:

1. Have you experienced any flu-like symptoms over the last 14 days?
2. Have you experienced a temperature of 100.4 degrees or higher in the last 14 days?
3. Have you been exposed to anyone who has had or is thought to have had COVID-19 in the last 14 days?
4. Have you traveled out of the country within the last 30 days?
5. To the best of your knowledge, is there anything keeping you from being healthy and symptom-free?

Do You Agree to our Health Policies and Procedures:

6. Do you agree to do your part to ensure the safety of others by answering honestly to the questions above?
7. Do you agree to help us keep a safe and clean environment by washing your hands before and after each activity and adhering to the policies of Cornerstone Athletic Center?
8. Do you agree to notify an instructor or staff if you have been sick or are starting to show signs of sickness?
9. Do you agree to be honest, open, and forthcoming with information that may compromise your health, or the health of our staff or fellow visitors?
10. Do you understand and agree to comply that if you show up sick, or a coach deems you unfit for practice, you will be asked to leave the facility?

Please have your temperature taken and record it on the sign in sheet when you sign in.

SIGN IN SHEET: If you answered **NO to questions 1-5 and **YES** to questions 6-10, and have a **temperature of below 100.4**, please sign in. By signing in, you agree to the COVID policies as set forth. Once signed in, please go the restroom, and wash your hands prior to entering the gymnasium.**

We have designated a one-way entrance and one-way exit. Please observe signs and floor markings and **observe social distancing**. We may have exterior doors open to allow for exiting without walking through the main entrance or for increased ventilation. You must enter through the front door because we are required to have everyone entering the facility sign in, have their temperature taken, and agree to the questions above.

Please bring **ONLY** essential belongings into the facility.

Per the state mandate, the drinking fountain is closed. Please bring water and **DO NOT** share water bottles!!

Staff Restroom: the hallway restrooms are designated for staff use. There are two restrooms in gymnasium #2 for visitors use. Soap and paper towels are plentiful and provided.

Unfortunately, no spectators are permitted inside the facility. Due to COVID restrictions, only participants are permitted.

We welcome you to Cornerstone Athletic Center and thank you in advance for following COVID policies and procedures. Please let one of our staff members know if there is anything in the facility that needs attention. **THANK YOU!**



Cornerstone Athletic Center

535 Lakeview Plaza Blvd., Worthington, OH 43085

www.CornerstoneAthlete.com

Assumption of Risk, Waiver, & Release of Liability

This is to certify that I, myself, as a participant or on behalf of my minor child, acknowledge & agree to the following:

(1) Assumption of Risk. Use of any facility, service, or equipment involves risks of injury or illness. I voluntarily accept & assume full responsibility for such risks.

(2) Waiver of Liability. I understand that by participating in activities at Cornerstone Athletic Center, I am assuming a risk of injury or illness. I recognize & assume that risk, whether foreseeable or not reasonably foreseeable, & do so on behalf of myself &/or my minor child. Participants & parents assume full responsibility for all injuries, illnesses, & damages which occur in or around any program or event on the premises. He/she does hereby fully & forever release & hold harmless Cornerstone Athletic Center, associated facilities, its owner, employees, or agents from any & all claims, demands, damages, rights of action, present or future, resulting from participation in any program or use of the facility. In addition, he/she agrees to follow the Rules of Conduct & Play & the COVID-19 Policies & Procedures as set forth by Cornerstone Athletic Center effective June 1, 2020.

Parent/Guardian Signature of Agreement

Date

Printed Name

Phone Number

Address

Email Address

Minor Child's Name

DOB

Media Release

I hereby allow Cornerstone Athletic Center to record & publish photos & video material of myself &/or my minor child for the purpose of promotion &/or documentation of events/activities. I understand that photos may be taken of myself &/or family members at practice, during competition, or other events. Said photos may be used on printed materials or media platforms such as Facebook, Instagram, & official publications.

Signature

Date

_____ I do not give media release consent.

