

Bay City Rowing Club – COVID 19 Agreement and Special COVID-19 Waiver (2 pages)

COVID-19 Agreement

To reduce the chance of exposure and spread of COVID-19 at the Bay City Rowing Club, protocols have been developed for continuing our rowing programs during the pandemic. I understand that the Bay City Rowing Club is following US Rowing Guidelines and state and local government rules during the COVID-19 pandemic to reduce the risk of infection at the Bay City Rowing Center _____(initials and date). I have read the document titled 'BCRC Rowing Protocols' and additionally as a parent of rowing minor child, I have also reviewed this document with my child(ren) _____(initials and date). As an adult Rowing Club member or parent of a rowing minor, I understand these protocols, and if I have any questions about the protocols I will discuss with Rowing Club president _____(initials and date). As an adult member, I agree to follow the procedures described in the BCRC Rowing Protocols, or as a parent of a rowing minor, I agree to provide guidance to my child about the importance of following the protocols and coach's and Club's president's instructions in regards to the protocols. I understand that I or my child might be screened with a no-touch thermometer for the presence of elevated body temperature. _____(initials, date)

Printed name _____

Signature and date _____

If applicable, my child(ren) names are printed below.

I (or as a parent of a minor child) **agree to monitor my health status** (or that of my child) prior to coming to the Boathouse to row, by asking myself (or my child) the following questions about possible symptoms or possible exposure to the virus over the last 48 hrs.

- Do I (or my child) have any fever (greater than 100.4 F), chills, sore throat, coughing?
- Do I (or my child) have any shortness of breath, difficulty breathing, blueish lips, pain or heaviness in chest
- Do I (or my child) have any purple or red lesions on toes or fingers?
- Do I (or my child) have fatigue, muscle or body aches, or headache?
- Do I (or my child) have a new loss of smell or taste?
- Do I (or my child) have nausea, vomiting, or diarrhea?

I agree that if I (or my child) have any of these symptoms that I (or my child) will **NOT** come to the boathouse to row.

Signature and date _____

I agree that I (or my child) will **NOT** come to the boathouse if in the **last 14 days**:

- I (or my child) have been in close contact with someone with a suspected or diagnosed or suspected with COVID-19.
- I (or my child) have been diagnosed with COVID-19.
- I (or my child) have **traveled outside of United States, or to a region within the United States that is experiencing an extremely high rate of COVID 19 infection.** Please contact Club President to discuss specifics of your situation.

Signature and date _____

I agree that if I (or my child) have been at the boathouse in the last 14 days, and a close contact, or myself (or my child) has been **diagnosed with COVID-19**, or suspected of having, I agree to notify BCRC president Lora Brehm (989-708-8074) ASAP.

Signature and date _____