

Bay City Rowing Club – COVID 19 Agreement (3-21-22)

To reduce the chance of exposure and spread of COVID-19 at the Bay City Rowing Club, I understand that the Bay City Rowing Club is following US Rowing Guidelines and state government rules during the COVID-19 pandemic to reduce the risk of infection at the Bay City Rowing Center. Protocols **might** include masking on the Rowing Club premises, and following the BCRC Board and coaches' instructions for cleaning and disinfecting the equipment. I agree to follow the instructions provided in regards to reducing the risk of COVID-19 at the Rowing Club.

Printed name _____

Signature and date _____

I **agree to monitor my health status** prior to coming to the Boathouse to row, by asking myself the following questions about possible symptoms or possible exposure to the virus over the last 48 hrs.

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

I agree that if I have any of these symptoms that I will **NOT** come to the boathouse.

Signature and date _____

I agree that I will **NOT** come to the boathouse if in the **last 10 days**:

- I have been in close contact (as defined by CDC) with someone suspected or diagnosed with COVID-19, and my COVID-19 vaccinations are not up to date or I have not had a confirmed COVID-19 test (PCR) in the last 90 days.
- I had a positive COVID-19 test.
- I have **traveled outside of United States**.
- **Please contact Club President** Lora Brehm 989-708-8074 to discuss specifics of your situation as CDC requirements often change.

Signature and date _____

I agree that if I have been at the boathouse in the last 10 days, and a close contact, or myself has been **diagnosed with COVID-19**, or suspected of having **COVID-19**, I will to notify BCRC president Lora Brehm (989-708-8074) ASAP.

Signature and date _____