

CLIENT COVID PLEDGE

To keep myself and the rest of the Athletic Outcomes community safe, I agree to the following guidelines with every visit to the facility:

- I will stay home and self-isolate for at least 14 days if I have a fever or any other known COVID-19 symptoms.
- I have taken my temperature within the last 2 hours and it is not above 100.4. I agree to documenting my temperature at or before every visit either in my home or with my coach.
- I will follow all of the posted processes and procedures while at Athletic Outcomes, including maintaining 6 feet distance from others, wearing a face mask if asked, and cleaning all equipment before and after use.
- I will talk to Athletic Outcomes coach if I see anyone acting in a way that is unsafe.
- I will stay home and self-isolate for at least 14 days if I have knowingly been exposed to someone with COVID-19.

NAME: _____ SIGNATURE: _____

DATE: _____



ATHLETIC OUTCOMES