



Weaverville/Douglas City Parks & Recreation District
 101 Park Ave. Bldg #53 PO Box 1453
 Weaverville, CA 96093
 Phone/Fax (530) 623-5925 wdcprdooffice@gmail.com

Lowden Park Pool Membership Form



The Lowden Park Pool (LPP) Membership Program is both a Loyalty Rewards Program and a Patron Safety system.

As a Loyalty Rewards Program, members can earn “punches” by visiting the pool during Open Swim hours throughout the summer and paying normal price on these visits. Once members acquire five “punches” their next Open Swim visit to the pool will be free. “Punches” cannot be earned at Special Events.

As a Patron/Employee/Volunteer Safety system, our simple screening questionnaire will attempt to prevent the spread of COVID-19 and ensure the health and wellbeing of our customers, employees, and volunteers. Your participation is important to help us take precautionary measures to protect you and everyone in this facility. Thank you for your time and understanding.

First Name: _____ Last Name: _____ Birthday: ____/____/____

Gender (Circle one): **M** **F** **OTHER** **PREFER NOT TO SAY** Ethnicity: _____

Mailing Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Alternate Phone: _____

Email: _____

MEMBER HEALTH DECLARATION

Check One

1. Have you had contact with anyone confirmed for COVID-19 in the last 14 days? Yes ____ No ____

If Yes, are you a First Responder? (E.g. Medical, Fire, Law Enforcement, etc.) Yes ____ No ____

2. Have you had any of these symptoms in the last 14 days or are you currently experiencing these symptoms? Yes ____ No ____

- Fever greater than 100.3
- Difficulty breathing
- Persistent cough

3. Have you tested positive for COVID-19, or awaiting test results? Yes ____ No ____

If Yes, has it been at least 14 days since date of test? Yes ____ No ____

If Yes, have you been symptom free in the past 72 hours? Yes ____ No ____

By signing below, I understand that my and/or my child's participation in any LPP program is voluntary and that there is a potential risk of exposure to illness, including COVID-19. I also understand that LPP and/or WDCPRD cannot guarantee that me and/or my child will not be exposed or contract illness including COVID-19 while attending a LPP Program. I also agree that I will keep myself and/or my child home should me/he/she show any symptoms of illness including cough, fever, or similar flu-like symptoms in advance of any program day. Further, I will remove myself or pickup my child from the LPP program immediately upon notification that he or she is exhibiting any such symptoms.

Member Signature (if older than 18): _____ **Date:** _____

Parent/Guardian Signature (if under 18): _____ **Date:** _____

RELEASE AND HOLD HARMLESS AGREEMENT

By signing my name and/or the minor(s) in my custody names or a minor signs in with parent's verbal permission, I give permission for me and/or said minor(s) in my custody to participate in the below-mentioned activity(ies) and hereby waive, release and discharge any and all claims or right to claims for damages or death, personal injury or property damage which may happen, or accrue to, as a result of said participation in the below mentioned activity. This Release is intended to discharge in advance the promoters, sponsors, Weaverville/Douglas City Parks & Recreation District, the County of Trinity, Lowden Aquatic Park Project, Kelly's Fitness, the Weaverville Waves and any involved municipalities or other public entities (and their respective agents and employees), from & against any and all liability arising out of or connected in any way with my/minor(s) participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. I further understand that serious accidents occasionally occur during said activity, and that participants in such activity occasionally sustain mortal injuries, and/or property damages, as a consequence thereof. Knowing the risks of said activity, nevertheless, on behalf of myself and/or said minor(s), I hereby agree to assume those risks and to release and hold harmless all of the persons and/or entities mentioned above who, through negligence and/or carelessness, might otherwise be liable to me, the said minor(s) y/their heirs or assigns for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my/their heirs & assigns. I further authorize **CONSENT TO TREATMENT**; In the event of sudden illness, accident or injury that may occur while participant is engaged in aquatic activities, the above representatives, agents or assignees, when a parent, guardian, spouse, or physician cannot be contacted, I hereby give my consent pursuant to California Civil Code #25.8 for emergency treatment when necessary, by a licensed physician in the State of California.

Member or Minor Name: _____ **Parent/Guardian Signature (If under 18):** _____

Member Signature (If older than 18): _____ **Date:** _____

FACILITY PROCEDURES (As pertaining to all current Public Health Guidelines)

- Social Distancing policy of 3 feet is in place and masks are encouraged.
 - ALL patrons, including aquatic-program participants, will be required to complete a membership form. Membership will be free and must be done prior to entering the facility for the first time. This form will include a health declaration as well as a liability release form.
 - All patrons are required to hand sanitize prior to entering facility.
 - Locker rooms are changing, showering, restroom use and handwashing. Patrons are asked to do these tasks quickly to limit the opportunities for cross-exposure.
 - Participants may bring towels and personal equipment (goggles) only into facility. Bags and backpacks will not be allowed in the facility and must be left in the vehicle or at home. Small purses and hip packs maybe allowed.
 - COVID-19 and Social Distancing Signage will be posted
 - Facility rules and guidelines may be adjusted upon approval from local health officials at any time without notice based on Federal, State & Local health mandates.
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Office Use Only

Lowden Park Pool Staff Member Initials: _____ Access to Facility: Approved Declined