



COVID-19 Community Expectations

Name(please print legibly): _____

Address: _____

Email: _____

Cell: _____

Bridge To Fitness(BTF) has taken proactive measures to implement protocols compliant with the CDC and the state of Rhode Island guidelines to operate safely and to prevent the spread of COVID-19. At its core, BTF is a tightknit, respectful, caring community and during this challenging time it is essential that our community members commit to one another to follow the expectations outlined below. Accordingly, we ask that you review and agree (initial) to all of the following statements:

_____ I will **not** come to BTF if I have any symptoms of COVID-19, including:

- | | |
|--|--------------------------------|
| -Cough | -Headache |
| -Sore throat | -Diarrhea |
| -Muscle pain | -Fatigue |
| -Fever | -Runny or stuffy nose |
| -Chills | -Recent loss of taste or smell |
| -Shortness of breath or difficulty breathing | -Nausea or Vomiting |

_____ I will not come to BTF if I have tested positive for COVID-19 in the past 14 days.

_____ I will not come to BTF if I had close contact(less than 6 feet) with someone who has had symptoms of or tested positive for COVID-19 in the past 14 days.

_____ To enable contact tracing, I will always swipe in upon entering BTF.

_____ I have not traveled anywhere outside the 50 United States in the past 14 days.

_____ I will notify BTF if I have tested positive for COVID-19 after a visit to BTF.

(Continued on back)

_____ I have not been directed to quarantine or isolate by the Rhode Island Department of Health or a health care provider in the past 14 days.

_____ I will comply with all BTF protocols, including reservations, capacity limits, social distancing, wearing a mask, hand sanitizing, limitations on equipment and facility use, and equipment cleaning procedures.

_____ I understand that the above listed expectations are continuing and I will comply with all BTF protocols during each visit to BTF.

_____ I understand that the above-listed expectations are subject to change, and I will comply with any new or revised BTF protocols.

_____ I agree that any visits to BTF here after are subject to all of the above-listed expectations and protocols.

Signature: _____

Date: _____