

COVID-19 RISK MITIGATION COMPLIANCE ATTESTATION

Please complete and accept the following statement in order to participate in Montgomery County Dive League (MCDL) activities

I hereby attest that:

- I understand that I must comply with required procedures in order to ensure, to the greatest extent possible, my own health and safety, as well as the health and safety of others.
- I understand that I must comply with the following risk mitigation strategies:
 - Maintain a distance of at least 6 feet from other people whenever possible.
 - Wear a face-covering during MCDL events
 - Adherence to any and all national, state, and/or local regulations relating to covid protocols, including travel and government quarantines.
 - Conduct a health check prior to participating in MCDL activities. If I am experiencing symptoms and suspect I may have COVID-19 I will not come to any MCDL event. According to the Centers for Disease Control and Prevention (CDC), the symptoms most commonly associated with COVID-19 include the following:
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea

First Name _____, Last Name: _____ Date: _____

Pool _____

Signature _____