

KODIAK AREA NATIVE ASSOCIATION'S
WELLNESS CENTER
COVID-19 Waiver Form

3400 Rezanof Drive East
Kodiak, Alaska 99615
Phone (907) 486-1377

Date Rec: _____

Participant's Name: _____

The staff at the Wellness Center is dedicated to ensure a safe workout and medical therapy environment. These guidelines help us keep each other safe and define the expected behavior of each participant to ensure the safety of all users. Please respect the requests of our staff members and follow any instructions they give you.

The staff at the Wellness Center may ask you to leave if you disregard any of these policies or your conduct is believed to be unsafe to you or others.

ASYMPTOMATIC PARTICIPATION

1. Asymptomatic persons who are registered with KANA are welcome to use the KANA Wellness Center.
2. If you do not feel well **OR** have any COVID related symptoms (fever, runny nose, cough, sore throat, body aches, fatigue, loss of smell or taste) we ask that you stay home and see your doctor before coming into the facility.

RESTRICTED AREAS

1. The multi-purpose room is limited to Physical & Exercise Therapy treatment from 7:00AM to 6:00PM

MASKING & SOCIAL DISTANCING POLICY

2. **Required** Masking in the following areas:
 - a. Lobby
 - b. Reception/Waiting Area
 - c. Shared Locker Rooms
3. **Optional** Masking in the following areas:
 - a. Gym/Equipment Area
 - b. Cardio Areas
4. Please be courteous to your fellow gym users and keep a respectful distance when possible.

CLEANING & SANITIZING

1. Please sanitize your hands upon entering the Wellness Center.
 - a. Hand sanitizer is also available within the gym area at in each of the towel stations.
2. Disinfect equipment, floor and any areas of contact after each use. Return equipment to proper home.
3. Disinfectant is located at each of the towel stations.
4. If disinfectant bottles or towel supplies are low, please notify the Wellness Center staff.

By signing this COVID waiver I acknowledge and agree to follow the above stated COVID mitigation measures regarding asymptomatic participation, masking, and cleaning of equipment as well as any directions given to me by staff.

If participant is a minor, the minor's parent or legal guardian must initial above and agree to the following statement on the minor's behalf.

I have read, understood, and accept the conditions listed above.

Participant's Signature: _____

Date: _____

Parent/Guardian's Signature: _____

Date: _____