



COVID-19 RE-OPENING DECLARATION FORM

I wish to unpause my membership with effect from 1st 20

I have carefully read the Gym's covid-19 reopening notice, understand the requirements detailed within it and undertake to abide by all of those requirements in order to minimise risk of infection transmission

I undertake to refrain from entering or using the gym if any of the following apply:-

- I experience any of the following symptoms:- cough, shortness of breath, difficulty breathing, high temperature, fever, chills, muscle pain not associated with injury, loss of taste and sense of smell;
- I test positive for covid-19
- I associate with a person who then tests positive for covid-19
- I attend a venue where social distancing was not been observed

NAME	
DATE OF RE-START	
DATE OF SIGNING	
SIGNATURE	