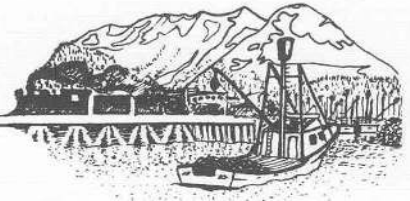


CITY OF CORDOVA



BOB KORN MEMORIAL POOL & HARBOR SHOWERS – COVID -19

SHOWER MITIGATION PLAN:

By signing this form, I agree to assist the City of Cordova in slowing the spread of Covid -19 in the community, by following this mitigation plan to protect myself and others:

- I understand showers are scheduled and I must exit the shower area on time. I have 30 minutes to finish showering **and** complete the steps in the mitigation plan. (BK POOL ONLY)
- I will bag my dirty clothes as I take them off and seal the bag.
- I will **sanitize** the areas listed below, **prior to leaving**. (disinfectant will be available)
 - The door handles I have touched.
 - The toilet/urinal flushing hardware & toilet seats I use.
 - The bench I sit on.
- I will maintain 6 feet distancing from others (outside of my family/crew).
- I understand that I must wear a mask always, except when I am showering.

First and foremost, I am stating that I do not have any of the symptoms related to the virus, COVID 19. **I will not hold the city liable for any physical bodily harm, including, but not limited to exposure to the virus COVID 19.**

Name: _____ Signature: _____

Address: _____ Phone #: _____

_____ Email: _____

Please Circle Punch Card Type & Amount

Shower Plans

1 for \$6.00

5 for \$30.00

10 for \$60.00

20 for \$ 100.00

Purchased ___/___/___

(POOL ONLY - families/crews can pay \$12 drop in, or two punches for 45 minutes)**

Barcodes and Fobs expire after allotted number of visits.

Please return all expired barcodes or fobs to the drop box in the extended hour entry at Bidarki Rec Center.

Credit Card Received By Computer

****I understand that losing my barcode or fob will require me to purchase a replacement Barcode or Fob. The cost will be \$5.00 no exceptions.**