

## CHF Member and Guest COVID-19 Code of Conduct

**As part of my ability to utilize CHF programs and services I agree that I,**

1. Will make a reservation for a designated time slot available at CHF and be screened at the check-in station located on the first floor at the east elevators prior to entering CHF. I understand that I must wear a face mask in the main lobby area, at the screening table, and inside the elevators. I will not be permitted to enter the facility if I report or display any symptoms associated with COVID-19.
2. Will await confirmation for safe entry and proceed to CHF via east elevators, understanding no more than two passengers shall occupy the elevator at any time.
3. Will access hand sanitizing station upon entry and follow all floor and wall signage instructions.
4. Will stay within designated areas of the facility and only use designated equipment.
5. Will maintain a physical distance of six feet or greater from the nearest person and refrain from making any physical contact.
6. Will not bring any equipment inside CHF except for a workout towel, a pre-filled bottle of water and a lock contained in a closed bag.
7. Will wear a face covering in all designated areas at all times, if not fully vaccinated.
8. Will adhere to all capacity requirements that have been set for the designated spaces within CHF.
9. Will clean the equipment before and after each use with designated cleaning supplies.
10. Will access hand sanitizing stations before and after each use of equipment.
11. Will stay home from the facility if I begin to display COVID-19 symptoms, (e.g. headache, sore throat, runny nose, fever, cough, etc.) or after entering CHF and will notify staff of the change.
12. Will sanitize my hands upon exiting the facility, using the west elevators. No more than two passengers shall occupy the elevator at any time.
13. Will take home workout towel, water bottle and lock in a closed bag.

I acknowledge that failure to comply with this code of conduct could result in the loss of CHF privileges.

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# ATTESTATION FORM

514 N. Prospect Avenue, 2nd Floor,  
Redondo Beach, CA 90277  
310-374-3426 • www.beachcitiesgym.org

MEMBER NAME:

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DATE:

\_\_\_\_/\_\_\_\_/\_\_\_\_

I attest that I have been fully vaccinated  
against COVID-19.

YES  NO

SIGNATURE:

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