

September 1, 2020

Dear Valued Member:

As you know, Manistee Health and Fitness closed on March 16 to protect the health and safety of our members, staff, and the broader community during the COVID-19 pandemic. With Munson Healthcare experts, we have developed a phased plan to reopen. While these modifications may change our normal routines, they are necessary for reopening safely. This phased approach will allow us to ensure the precautions we are taking are working well and to adjust our operations as needed. We will reopen September 14, 2020 in Phase 1, with many precautions in place.

Please review this information closely, sign the Code of Conduct, and bring it with you to your first visit to the fitness center.

Hours of Operation

Due to the increased staffing demands required to handle new procedures and enhanced cleaning/disinfecting, we will have more team members on site at all times. This limits our ability to cover our normal operating hours in the short-term. Phase I of our reopening plan will offer the following limited hours:

Monday, Wednesday, noon – 7 p.m.
Tuesday, Thursday, 5:30 a.m. – 1 p.m.
Friday, 8 a.m. – 3 p.m.

Capacity Limitations

The fitness center is required to operate at reduced capacity. No more than 40 people may be in the building at any one time, and limits have been established for each room. If you arrive to the fitness center and we are at capacity, you may choose to wait outside or in your vehicle. To maximize availability for members, we are unable to offer day and week passes at this time. Seasonal visitors may purchase a one- or three-month membership.

When you arrive at the facility, you will be asked to stop at the front desk and answer questions about current health symptoms and exposure to any known positive COVID-19 cases. We ask that you adhere to floor markings and maintain 6 feet of distance between you and the staff person screening and anyone else in line.

For the safety of our entire membership and fitness center team, do not come to the facility if you are sick. If you do not pass the health screening, you will be asked to leave immediately.

Code of Conduct

All members must agree to the Code of Conduct to use the facility. To reduce check-in time and crowding at the door, we encourage you to sign the enclosed forms and bring them with you on your first visit. I know that our members will uphold these procedures to protect our fitness community. Thank you in advance for your support.

Current Limitations

We are operating in a dynamic environment and restrictions may change at any time. As part of our phased reopening, the following will be true during phase I.

- Group fitness classes will not be offered
- Showers are closed
- Locker rooms are available for changing only; come prepared for exercise and plan to shower at home
- Towels are available by request at the front desk
- Some equipment will be removed from service to enable social distancing; do not remove signs or use designated off-line machines
- Some small equipment will be available for check-out; items must be returned to the designated area after use
- Fitness rooms will have capacity limits
- Touchless bottle refill is available, but the drinking fountain will be out of service; bring your own bottle or cup, as we are no longer able to provide single-use options
- Television remotes are not available for member use; channels will only be changed by staff
- Staff are not permitted to handle or store any of your belongings, including member fobs, keys, and credit cards; please do not ask them to do so
- Members may not leave their keys or other items on the desk; all personal belongings must stay in the locker room or on your person and must leave the building with you

Refer to the Code of Conduct for current requirements related to processes, masks, and equipment use.

Memberships

When we reopen our facility, we will remove the hold placed on your membership in March and add the number of weeks lost to your membership. If you are not interested in using the facility under the current parameters, you may request a refund of the unused portion of your membership dues.

If you prefer to place your membership on hold, the standard hold policy applies: You may request to put your membership on hold once during a calendar year for up to 6 months. There is a \$10 fee per month to put your membership on hold, payable at the time the hold is requested.

Customers whose memberships expired prior to the March 16 closure will need to purchase a new membership before they may use the facilities.

To ensure we have your current contact and health information, please also complete the attached member profile form.

The safety and health of our team, membership, and community is our number one priority. We appreciate you working with us so that together we may reopen and remain open in a safe manner.

We look forward to seeing you back in the facility when the time is right for you. Until then, stay well.



Dursa Marshall
Manager, Manistee Health and Fitness

Enclosures (2)

COVID-19 Code of Conduct

Manistee Health and Fitness is following orders and recommendations from the Governor's office, World Health Organization, Centers for Disease Control (CDC), MIOSHA, and Munson Healthcare's clinical experts. Our ability to remain open is dependent on member and visitor adherence to the policies below.

By signing this form, I understand that noncompliance with any of the below will result in immediate removal from the facility and termination of membership with no refund. Any staff member may request my removal from the facility.

I agree to the following:

1. I will not come to the fitness center if I have any of the following symptoms or if I have been in contact with a known positive COVID-19 case.
 - a. A fever $\geq 100^{\circ}$
 - b. Shortness of breath
 - c. Cough and sore throat
2. I will stop at the health screening station upon entering the facility and respond accurately and honestly to the questions asked. If the screener determines, per the algorithm provided, that I should not enter the facility, I agree to leave immediately and minimize contact with others on my way out. Upon reporting to the screener station, I will maintain at least 6 feet between myself and the screener and any other member or visitor waiting in line.
3. I will sign in on the tracking sheet when I arrive.
4. I will wear a mask appropriately during my time in the fitness center.
5. I agree to practice good hand hygiene, including washing or sanitizing my hands when entering the building, during my stay and when I leave.
6. I will maintain at least 6 feet of distance between myself and all other individuals in the building, including adherence to social distancing marks on the floor.
7. I agree to wear a face covering over my nose and mouth at all times while in the building, unless actively drinking. Acceptable face coverings include surgical, non-valved N-95, or handmade cloth masks, bandanas or scarves.
8. I understand that I am required to keep all personal belongings in the locker room, with me or in my vehicle. Membership tags and keys may not be stored at the front desk and all personal equipment and belongings must be removed when I leave the facility.
9. I will wipe down all equipment that I touch or use immediately after using it, before transitioning to another piece of equipment.
10. I will not enter a room that is already at capacity (capacities will be posted).
11. I will sign out on the tracking sheet when I leave.
12. I understand requirements may change as the pandemic situation evolves.

Signature

Print Name

Date

Member Profile Form

Please print legibly

Print First Name _____ M.I. _____ Print Last Name _____

Street Address _____ City _____

Zip Code _____ Phone Number _____ Cell Home Work
(Circle one)

Date of Birth _____ E-Mail Address _____

Sex: M F How would you prefer to be contacted? Email Text Mail

Emergency Contact Person _____ Emergency Contact Phone Number _____

Primary Care Provider _____

Health History and Health Risk Factors - Check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Smoke or Chew Tobacco | <input type="checkbox"/> Extreme Varicose Veins |
| <input type="checkbox"/> Little Exercise in Past 6 Months | <input type="checkbox"/> Bone Injury |
| <input type="checkbox"/> Joint Issues | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Diabetes Type 1 | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Diabetes Type 2 | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Blood Clots or Poor Circulation | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Diagnosed Stroke | <input type="checkbox"/> Recent Surgery (Last 12 Months) |
| <input type="checkbox"/> Taking Blood Pressure/ Heart Medication | <input type="checkbox"/> Diagnosed Heart Problem |
| <input type="checkbox"/> Other: _____ | |

If you checked any of the above conditions, please describe.

Do you feel that you have any disabilities or limitations, not listed previously, that may influence your ability to fully participate in the Manistee Health and Fitness program? Yes No

If "yes", please explain: _____

I acknowledge, to the best of my ability, that the above information is true and accurate.

I would like to subscribe to the Munson Connection email newsletter.

Signature _____ Date _____