

**2021 LAKE MOOMAW 1 MILE OPEN WATER SWIM
COVID-19 PROCEDURES
AUGUST 7, 2021**

GENERAL

1. Race will be capped at 75 participants to avoid crowding on beach.
2. All participants, event staff, and guests will be expected to follow CDC guidelines and the latest directives from the Governor of Virginia.
3. Beverages and food provided by the event hosts will be in bottles, cans, or packaged in sealed containers.
4. All participants will be required to review these procedures as part of the online entry process and acknowledge that they will comply through electronic signature.

CHECK-IN ON RACE DAY

1. All participants agree to arrive on site with a mask or facial covering, and to complete a screening questionnaire that checks for symptoms related to COVID-19 (following page).
2. Restrooms will be accessed first-come, first-serve, with no more than 4 persons allowed in each restroom at one time. Hand sanitizer and soap will be provided in the restroom at all times.

WARM-UP, LINE-UP, COMPETITION, AND FINISH

1. Participants will be instructed to maintain 6 feet of social distancing at all times during the warm-up period.
2. When participants are lined up for the start, each swimmer will be instructed to maintain 6 feet of social distancing while in line. Participants will be lined up and started in waves of 4 swimmers per wave, 30 seconds apart, with 6 feet of distance between persons.
3. Each participant will have a minimum width of 20 feet in which to cross the finish line.

(Continued on next page)

EXAMPLE OF 2021 LAKE MOOMAW 1 MILE OPEN WATER SWIM

COVID-19 SCREENING QUESTIONNAIRE

AUGUST 7, 2021

Name: _____

Participant

Volunteer

According to the CDC, COVID-19 symptoms may include:

Fever or chills

Muscle or body aches

Cough

Headaches

Nausea or vomiting

Fatigue

Sore throat

Congestion or Runny Nose

Diarrhea

Difficulty breathing

Loss of taste/smell

1. Are you experiencing any of the COVID-19 symptoms noted above that you CANNOT attribute to a known cause? Yes No
2. Are you living with or caring for an individual who has a suspected or confirmed case of COVID-19? Yes No
3. In the past two weeks, have you been in contact with anyone known or suspected to have COVID-19? Yes No
4. In the past two weeks, have you tested positive for COVID-19? Yes No
5. Have you received the COVID-19 Vaccine? Yes No

I hereby certify that the responses provided above are true and accurate to the best of my knowledge.

Signature: _____ Date: _____