

Welcome! We're happy to see you.

Please know that we take our responsibility to keep our customers and employees safe very seriously. We are asking all of our guests to provide information regarding any potential symptoms of or exposure to COVID-19 with a simple screening tool.

Thank you for assisting with our efforts to keep yourself and everyone in our environment safe and healthy.

COVID-19 Screening Questions

1. In the past 24 hours, have you experienced:

- Fever (100.4°F or higher)
- Shortness of breath
- Cough
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

2. Have you had close contact with a confirmed COVID-19 patient while that person was ill within the past 14 days?

If your answer to either question is **YES**, we ask that you please return home and contact your doctor for direction.

In partnership with:

