



Official Reopening Attestation for Indoor Gyms and Fitness Centers

A separate attestation must be completed for each individual establishment based on the address at which that establishment operates.

County in which the establishment is physically located

Maricopa

Your business is in a county that is currently in the Moderate transmission category.

A separate attestation must be completed for each individual establishment based on the address at which that establishment operates.

Email Address

shaholy@suncityaz.org

I hereby attest, by submitting this form, that the business entity listed below is acknowledging its understanding that it shall comply with the requirements of Emergency Measures 2020-02, 2020-04 and applicable ADHS Requirements and any other requirements or guidelines incorporated therein, including that the entity has or will:

While the county remains in the **moderate** transmission category:

- Limit the occupancy of the business premises to 25%

When the county transitions to the **minimal** transmission category:

- Limit the occupancy of the business premises to 50% until the percent positivity in the county is <3%

If the county transitions to the **substantial** transmission category:

- Comply with the [ADHS Requirements for Indoor Gyms and Fitness Centers](#).

At all times:

- Require the use of masks at all times by staff and customers except while actively eating, drinking, or swimming.
- Develop, establish and implement written policies based on guidance from the CDC, Department of Labor, Occupational Safety and Health Administration (OSHA) and ADHS Requirements applicable to such business.
- Promote healthy hygiene practices.
- Intensify and modify, as necessary, cleaning and disinfection practices and ventilation.
- Monitor all persons in the business premises for sickness.
- Ensure physical distancing.
- Provide necessary protective equipment to all persons in the business premises.
- Allow for and encourage virtual visits and teleworking when feasible.
- Limit the congregation of groups in the facility.

Attestation

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By submitting this attestation, the business is agreeing to meet the guidance in the ADHS Requirements for the business located at www.azhealth.gov/businesscovid19, as may be updated or modified from time-to-time. Direct links to the requirements for each type of business are at the bottom of this Attestation form.

ADHS will publish changes in the Requirements not less than 48 hours before they become effective. Changes imposing additional requirements will be communicated to each business that has filed an attestation at the email address used to submit the attestation.

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Notwithstanding the submission of this attestation, if ADHS becomes aware of actions taken by the entity that jeopardize the health, safety, and welfare of the public or that the representations in this attestation are false, ADHS may take additional action as necessary to protect the health, safety and welfare of the public.

Name of the Business Establishment

Recreation Centers of Sun City, Inc. - Bell Recreation Center

Name of Individual Submitting this Attestation, and Title

Chris Herring

Street Address of Business Establishment

16820 N 99th Avenue, Sun City



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Name of the Business Establishment

Recreation Centers of Sun City, Inc. - Fairway Recreation Center

Name of Individual Submitting this Attestation, and Title

Chris Herring, Director of Operations

Street Address of Business Establishment

10600 W Peoria Avenue, Sun City



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Name of the Business Establishment

Recreation Centers of Sun City, Inc. - Lakeview Recreation Center

Name of Individual Submitting this Attestation, and Title

Chris Herring, Director of Operations

Street Address of Business Establishment

10626 W Thunderbird Blvd, Sun City



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Name of the Business Establishment

Recreation Centers of Sun City, Inc. - Marinette Recreation Center

Name of Individual Submitting this Attestation, and Title

Chris Herring, Director of Operations

Street Address of Business Establishment

9860 W Union Hills Dr, Sun City



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Name of the Business Establishment

Recreation Centers of Sun City, Inc. - Mountain View Recreation Center

Name of Individual Submitting this Attestation, and Title

Chris Herring, Director of Operations

Street Address of Business Establishment

9749 N 107th Avenue, Sun City



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Name of the Business Establishment

Recreation Centers of Sun City, Inc. - Oakmont Recreation Center

Name of Individual Submitting this Attestation, and Title

Chris Herring, Director of Operations

Street Address of Business Establishment

10725 W Oakmont Avenue, Sun City



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Name of the Business Establishment

Recreation Centers of Sun City, Inc. - Sundial Recreation Center

Name of Individual Submitting this Attestation, and Title

Chris Herring, Director of Operations

Street Address of Business Establishment

14801 N 103rd Avenue, Sun City