



October 2, 2020

Dear Cypress Club Members,

As you are well aware, in response to the COVID-19 pandemic, The Cypress Club has implemented a number of policies, procedures, and safety measures that are consistent with the public health recommendations from sources such as the Centers for Disease Control ("CDC"), the South Carolina Department of Health, Beaufort County Health Department, and other regulatory authorities. These measures are intended to protect our Members, employees, and visitors.

By age alone, our Cypress population is at increased risk of both contracting the virus and facing serious effects, which is magnified even greater for those of whom have underlying conditions. As a result, The Cypress' recommendation, continues to encourage Members to remain on campus, with the wearing of masks, social distancing, and frequent handwashing, among other preventative measures presented to you in previous memos and videos.

We also know, however, that we cannot and will not enforce a true "lockdown." Members can, and will, continue to leave our campus. We trust that these trips will be for true essential services unavailable on campus such as doctor's visits. The Cypress will continue to provide many essential services such as grocery and pharmaceutical deliveries, food service, maintenance, and housekeeping, among others, to preclude the need to leave campus.

If Members believe they must leave the campus for an essential service that The Cypress cannot provide or facilitate, we ask that the Member wear a mask and gloves, and avoid physical contact with other individuals, including family, even beyond the common 6-foot social distancing guideline. We also ask that Members avoid populated indoor areas, including restaurants, and other known virus-transmission hotspots. We ask that Members continue to coordinate off island trips with Debbie Peeples, Health Care Navigator at 843-689-7011 to discuss trips to see if an alternative solution exists, and to be advised of certain places to avoid for their safety if they do venture off campus.

We are asking all Members in the household to review and sign the **Informed Consent and Acknowledgement of COVID-19 Risks**. Signing this acknowledgement **does not** waive any legal right to potential, unexpected claims against The Cypress Club or its Members arising out of the pandemic, nor modify any other agreement between you and the Community. This document explains there is an inherent shared risk between members and the Cypress Club. We simply want to make sure that we have a record that all Members are aware of the protocols and understand how to keep themselves apprised of the most current protocols and COVID-19 developments. The Cypress Coronavirus memos, phone blasts and videos are available on The Cypress of Hilton Head website and our members intranet, My.Cypress portal under COVID-19, <https://my.cypressofhiltonhead.com/covid-19/>

We recommend that all Members keep a daily journal of where they have gone (or not!), with whom they have come in contact, complete your screening questions including our daily temperatures. This information will remain private for the Members' use only, but could prove valuable in the case of an outbreak of the virus on campus if contact tracing is employed.

We also acknowledge the desire for personal assistants and family members to visit on campus. Our plan will be implemented shortly, allowing this to happen under controlled circumstances.

So far, we have been extremely fortunate both in independent living and the health center to avoid COVID cases, and we will aggressively continue to implement policies to keep it that way, while still acknowledging our Members' freedoms, needs and desires.

Please return the signed Member Informed Consent and Acknowledgment of Covid-19 Risks document to the member internal mailbox located outside the Clubhouse by Friday, October 9, 2020. Thank you for your attention and cooperation in this matter. If you have any questions, please do not hesitate to contact Sandra Griffin-Bukoskey at 843-689-7003 or sbukoskey@thecypress.com.

Thank you, stay safe and stay well!



/Sandra Griffin-Bukoskey
Executive Director



MEMBER INFORMED CONSENT AND ACKNOWLEDGEMENT OF COVID-19 RISKS

In response to the COVID-19 (or “Coronavirus”) pandemic, The Cypress Club, (referred to as the “Community,” “us,” “we,” or “our”) implemented a number of protocols, policies, procedures, mitigation efforts, and recommendations (“safety measures”) to protect our Members (“you” or “I”), employees, and visitors in alignment with public health recommendations and laws.

Federal, state, and local authorities’ understanding of COVID-19 and guidance on how we are to respond continues to evolve. As a Member of The Cypress Club community, you understand the need to comply with the Coronavirus safety measures in effect at this time, as well as complying with any changes required by law or implemented in direct response to the Coronavirus, and to honestly answer all screening questions. Because of the nature of COVID-19, it is impossible to eliminate or fully control all risks associated with COVID-19. Despite The Cypress Club’s efforts to reduce COVID-19 transmission, we cannot assure you will not be exposed to, or acquire COVID-19, while at the Community despite our efforts.

Informed Consent and Acknowledgment: During the period of the national emergency established by the federal government for the Coronavirus, by signing below you acknowledge on behalf of yourself or the individual for whom you have proper authority to sign on behalf of the following:

- a) You understand that The Cypress Club has instituted heightened safety measures designed to reduce the risk of exposure to the Coronavirus; however, even with such heightened safety measures The Cypress cannot guarantee that it can prevent your exposure to COVID-19 during your participation in Community’s re-opening, activities, and amenities.
- b) We have informed you of the risks of contracting COVID-19 within The Cypress which may include having close or sustained contact with a person who has symptoms, tested positive for Coronavirus or is asymptomatic but later confirmed positive for Coronavirus, not wearing masks or washing hands, or any of the other identified risks by the CDC or local health departments, and you voluntarily accept these risks;
- c) You understand for the protection of others within the community, including Members, other residents, employees, visitors and contractors, we have implemented safety measures, including screening and isolation protocols, you have been informed of the safety measures and these protocols, have had an opportunity to ask questions and agree to comply with the safety measures and these protocols; and

- d) You understand that we reserve the right to change the safety measures, including the screening and isolation protocols or re-opening, at any time without notice as established by compliance with, or accepting guidance from, federal, state or local laws or regulatory agencies on such changes or updates to safety measures or protocols, and you agree to comply with, and be bound by, the revised safety measures and these protocols in effect at the time.

By signing this Agreement below, you acknowledge and agree that you are of legal age and/or otherwise legally authorized to sign this form and have read, understand and acknowledge the risks associated with COVID-19. In addition, you acknowledge and affirm that i) you have had the opportunity to review and/or talk to staff at The Cypress regarding the safety measures and protocols and you are satisfied with these measures and protocols, or ii) you have declined to review and/or talk to staff at The Cypress regarding the safety measures and the screening and isolation protocols that are or may be implemented at the community and still wish to participate in its re-opening, amenities, and activities.

I acknowledge that I have the right to consult an attorney regarding this Informed Consent and Acknowledgment of COVID-19 Risks and have either consulted an attorney or waive any right I may have to consult an attorney regarding this Informed Consent and Acknowledgment of COVID-19 Risks.

Signature of Individual or Individual's Legal Representative

Date

Printed Name

Legal Authority of Legal Representative (Power of Attorney, Guardian, etc.)