



### COVID-19 Recreation Facilities Waiver & Liability Release Form

**Resident Name (print name):** \_\_\_\_\_ **Address:** \_\_\_\_\_

EACH adult in the household must fill out a separate form. Please note, use of the clubhouse, pool and other recreation facilities is conditioned on fully completing this waiver and following these rules:

- The danger of exposure to the coronavirus that causes COVID-19 exists. I understand that (i) there are risks in using the Recreation Facilities, (ii) I may be exposed to Covid-19 and (iii) I am using the clubhouse/pool entirely at my own risk, (iv) the HOA cannot ensure that any surface is germ-free.
- The HOA cannot fully sanitize the premises, nor is the HOA the guarantor of your health or safety.
- By entering the clubhouse or pool area, you take responsibility for your own protection including for disinfecting your hands and any surface you touch and the HOA relies on everyone to be responsible.
- I agree to adhere to the temporary Recreation Facility Rules and Regulations which include social distancing and face coverings when indoors.

The undersigned on behalf of myself who uses the clubhouse, pool and related amenities RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the Association and all agents of the Association ("Agents") including its trustees, officers, management company, management company employees or agents, and any pool service provider, from any and all liability, claims, demands, action and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by myself, or to any property belonging to myself, or otherwise, while using, or in whole or in part resulting from use of the clubhouse, pool or related amenities. **Initial:** \_\_\_\_\_

I elect to voluntarily use the Recreation Facilities knowing that certain risk of harm is or may be inherent in the use of the pool / fitness center, clubhouse and related amenities and that the activity may be hazardous to me, my family and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me. **Initial:** \_\_\_\_\_

The undersigned hereby agrees to abide by the safety measures mandated by the Centers for Disease Control and Prevention (CDC), and all applicable governmental COVID-19-related requirements. Signing on behalf of the resident

**Signature of resident:** \_\_\_\_\_ **Date:** \_\_\_\_\_