

## The Estates Homeowner's Association

### Swimming Pool Waiver and Release of Liability Form

Release of Liability, Waiver of Claims, Assumption of Risk, and Indemnity Agreement

All adult residents (18 years of age or older) living in The Estates residence must sign this waiver in order to use the swimming pool. The pool code will only be released to families signing the waiver. Do **not** share the code with any other residents. For the 2020 pool season, guests are **not** allowed to use the pool.

**PLEASE READ CAREFULLY:** By signing this document you choose to abide by all posted and/or published pool rules, and you choose to waive certain legal rights including the right to sue.

I wish to swim at The Estate's Homeowner's Association pool. I recognize and fully understand certain things, including:

1. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my family, including child(ren), and I may be exposed to or infected by COVID-19 while on site at the pool and that such exposure or infection may result in personal injury, illness, permanent disability, and death.
2. I understand that the risk of becoming exposed to or infected by COVID-19 at the pool may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the HOA Board, volunteers, and their families.
3. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for:
  - a. any illness or injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death); and
  - b. any damage, loss, claim, liability, or expense, of any kind, that I, my family and my child(ren) may experience or incur in connection with my, or my child(ren)'s, attendance at the pool or participation in pool activities ("Claims").

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the HOA Board, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the HOA Board, whether a COVID-19 infection occurs before, during, or after participation in pool facility activities.

_____	_____	_____
Print Name	Signature	Date

_____	_____	_____
Print Name	Signature	Date

\_\_\_\_\_  
Address

If there are other residents of the household 18 years of age or older, please sign below:

_____	_____	_____
Print Name	Signature	Date

_____	_____	_____
Print Name	Signature	Date

_____	_____	_____
Print Name	Signature	Date

_____	_____	_____
Print Name	Signature	Date