

# WARD PARK PLACE

a neighborhood to be proud of

# COVID-19 WAIVER

By signing this agreement, 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 or death.

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 WPPHOA Board and pool management company's employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and on behalf of my family, spouse, estate, heirs, executors, administrators, assigns, and personal representatives (including, but not limited to, personal injury, disability, and death), illness, 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 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 WPPHOA Board and the pool management company and their employees, agents, and representatives, 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 and the pool management company and their employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in pool facility activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Names of family members using the pool

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Signature