

MEADOWVILLE LANDING POOL 2022 POOL SEASON –WAIVER OF LIABILITY

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 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 Meadowville Landing Association, Inc. (“HOA”) Board and the HOA 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 my child(ren) or myself (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 our 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 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.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell/Home phone \_\_\_\_\_ **required**

**PERSONS UNDER 18 YEARS OF AGE DURING COVID-19 GUIDELINES**

In order for anyone under the age of 18 to swim a waiver signed by a parent or guardian must be on file.

I assume all responsibility and liability for same.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's name \_\_\_\_\_ Phone# \_\_\_\_\_

**OVER**

**CHILDREN 11 YEARS OF AGE THROUGH 15 YEARS OF AGE**

I understand that the Meadowville Landing Pool will allow my child(children) between the age(s) of 11 and 15 use of the pool without parent or guardian supervision; however, the lifeguard may, at his/her discretion require a swim test to determine if the child can swim well enough to use the pool without supervision.

I understand that Meadowville Landing Association Inc. and their assigns assume no responsibility or liability for my child (children). They use the pool at their own risk with my permission.

Children holding these waivers must be able to swim the length of the pool without assistance, must exhibit appropriate behavior, must follow the Pool Rules, and listen to the instruction of the lifeguards **or their waiver privileges can be revoked.**

It is my belief that my child (children) meets the above requirements and I give permission for my child (children) between the age(s) of 11 and 15 to use the pool unsupervised. I assume all responsibility and liability for same.

\_\_\_\_\_  
PARENT signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Day/Work Telephone Numbers – **required**

\_\_\_\_\_  
Home Telephone - **required**

\_\_\_\_\_  
Cellular Telephone Number – **required** if no Day/Work Telephone is given

**Please Print**

Name of Child \_\_\_\_\_ Age as of 6/1/20 \_\_\_\_\_

Name of Child \_\_\_\_\_ Age as of 6/1/20 \_\_\_\_\_

Name of Child \_\_\_\_\_ Age as of 6/1/20 \_\_\_\_\_

**Parent(s) signature must be on file in order for unsupervised child to use the pool.**