

Davis Spring HOA Swimming Pool Facility

14814 Thatcher Drive, Austin, Texas 78717

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of use of the Swimming Pool Facility, the undersigned acknowledges, appreciates and agrees that:

- Swimming Pool Facility use includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for myself and my children's pool facility use; and,
- I, for myself and my children and on the behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Davis Spring HOA, their officers, officials, agents, and/or employees, other participants, sponsoring agencies and sponsors WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

In addition, the undersigned agrees:

- To refrain from using the Swimming Pool Facility if I or anyone in my party is experiencing a cough, fever with temperature greater than 100.4 degrees Fahrenheit, chills, repeated shaking with chills, muscle aches, headache, sore throat, loss of taste or smell, shortness of breath, pink eye or other similar symptoms.
- To refrain from using Swimming Pool Facility if I or anyone in my party in the previous 14 days has had contact with someone with a confirmed diagnosis of COVID-19 and did not have the appropriate personal protective equipment designated by the Centers for Disease Control and Prevention (CDC); is under investigation for COVID-19; or is ill with a respiratory illness; or has traveled to an area the World Health Organization or CDC considers a "Hotspot."
- To follow state and local orders regarding maximum occupancy limits as posted, the wearing of face coverings (except when in the pool or otherwise not required) and maintaining social distancing (i.e., keep a distance of at least 6 feet between you and other people who are not part of your household).
- That older adults and people with serious underlying medical conditions should take extra precautions against COVID-19 virus.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Adult Resident Name: _____ Signature: _____

List of Minors in Group: _____

Street Address: _____ Date: _____

Cell Phone #: _____