

**COVID-19 Pool Waiver & Liability Release Form**  
**The Preserve at Mayfield Ranch Homeowners Association, Inc. (the "Association")**

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

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

*EACH adult must fill out a separate form*

Cell Phone: \_\_\_\_\_

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

Names of ALL minor household members to use pool for whom you are legally responsible:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Please note, use of the pool is conditioned on fully completing this waiver and following these rules:**

- The danger of exposure to the coronavirus that causes COVID-19 exists. The association 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 pool area, you take responsibility for your own protection including for disinfecting your hands and any surface you touch.**
- Do not use the pool if you have a cough, fever or other symptoms of illness.
- Maintain at least 6 feet between you and other people who are not a part of your household.
- Wear a face covering when you are not in the swimming pool.

Initial: \_\_\_\_\_ **The undersigned on behalf of myself and all minor children listed herein who use the pool and related amenities RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the Association and all agents of the Association ("Agents")** including its directors, 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 any minor children listed herein, or to any property belonging to myself or any minor children listed herein, **WHETHER CAUSED BY THE NEGLIGENCE OF THE ASSOCIATION OR ITS AGENTS**, or otherwise, while using, or in whole or in part resulting from use of the pool or related amenities.

Initial: \_\_\_\_\_ I elect to voluntarily use the pool and related amenities knowing that certain risk of harm is or may be inherent in the use of the pool 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 my minor children, or any loss or damage to property owned by me, WHETHER CAUSED BY THE NEGLIGENCE OF THE ASSOCIATION, ITS AGENTS, OR OTHERWISE. If a lifeguard or pool monitors are present, I understand that mouth-to-mouth resuscitation will not be performed due to COVID-19.**

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 and any minor children listed above*

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