

FLAGSTONE COMMUNITY ASSOCIATION POOL RELEASE OF LIABILITY AND INDEMNITY

I _____, the undersigned, hereby make application for membership in the Flagstone Community Pool. As a part of this application, I recognize that swimming could be an inherently dangerous activity and could result in serious injury or death. I understand that the Flagstone Community Pool and Association assumes no responsibility for accidents or injury caused either before, during, or after any event associated with my membership. **I further understand and agree that the Flagstone Community Pool and Association assumes no responsibility should anyone in my family or, anyone with whom I may come into contact, contract the COVID-19 virus.** As a member, participant, or spectator at or around the area, I hereby accept full responsibility for any harm, injury or illness that might occur, resulting in injury, illness or death to myself. Furthermore, I have read and will comply with all regulations set forth by the Flagstone Community Pool/Association **including the new COVID-19 Addendum added for the 2020 Pool Season.** I accept full responsibility for any harm or damage to the pool facilities that might occur because of my family or guest negligence of this facility.

I understand, acknowledge, and intend that by signing this Release and Indemnification Agreement, I hereby waive, release, and discharge for myself, my family and guests, my heirs, executors, administrators, legal representatives, assigns and successors, any and all rights and claims which I may now have or which I may hereafter accrue, against Flagstone Community Association, Flagstone Community Pool Officers, and agents of said Association, and individual families.

Furthermore, I agree to indemnify and hold harmless Flagstone Community Association, the person or entity who may be injured in any way by my negligence, act or agree to be responsible and liable for the payment of any necessary expenses, including legal expenses incurred or arising from my participation in any pool activity.

By signing below, I acknowledge that I have read and understand all of the information on this form. I have read and will comply with all Flagstone Association Pool regulations **as well as the new regulations and requirements added this year as a result of the COVID-19 virus and contained in the COVID-19 Addendum.** As a representative for my family, I take full responsibility for all family members.

Please print full name – Member: _____

Family Members: Spouses Name: _____
Name: _____ Child's Age: _____
Name: _____ Child's Age: _____
Name: _____ Child's Age: _____
Name: _____ Child's Age: _____

I, as parent or legal guardian to the above named minor/s, hereby give permission for my child/children or ward to participate in any activity associated with the Flagstone Association Pool and further agree, individually, and on behalf of said members or guests, to the terms set forth. I understand that by signing this, I am accepting full responsibility of the member and all guests and have been truthful in all of my representations.

Signature: _____ Address: _____

Email(s): _____ Phone number(s): _____

FCA Use Only: Card # _____