WAIVER OF LIABILITY AND ASSUMPTION OF THE RISK RELATING TO CORONAVIRUS/COVID-19

The coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person to person contact. As a result, Federal, State and Local Governments and Federal and State Health Agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Meadows Pool has put in place preventative measures to reduce the spread of COVID-19; however, the Meadows Pool cannot guarantee that you will not become infected with COVID-19. Further, attending the Meadows Pool could increase your risk of contracting COVID-19.

By signing this Agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and those on my Meadows Pool membership may be exposed to or infected by COVID-19 by attending the Meadows 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 Meadows Pool may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Meadows Pool employees and volunteers and agents.

I, therefore, voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense of any kind, that I may experience or incur in connection with my attendance at the Meadows Pool. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the Meadows Pool, its employees, agents, and representative, 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 Meadows Pool, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Meadows Pool activity.

I hereby acknowledge that I have fully read and understand this document and sign same as my free and voluntary act.

Member Name ______________________________________________

Date_________________