

**NEW MARK COMMONS HOMES ASSOCIATION
COVID-19 POOL PARTICIPANT WAIVER FORM**

Full Name _____ Age: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

In case of an emergency, who should we contact?

Name: _____ Phone: _____

I realize that participating in any physical activity is taxing and potentially hazardous activity, where sanitation measures cannot be guaranteed. I assume all risks associated with my physical activities while in the common area pool and surrounding areas of the New Mark Commons Homes Association, which risks may include, but are not limited to close contact with other participants, falls, personal injuries, sickness, death, disability, exposure to the COVID-19 virus, and damage to tangible or intangible personal property. I have read this waiver and, knowing these facts and in consideration of my election to use the pool amenity, I, for myself and anyone entitled to act on my behalf, waive and release New Mark Commons Homes Association and its directors, officers, agents, employees, vendors and volunteers (collectively, the "Releasees") and I will indemnify, defend and hold Releasees harmless from all claims and liabilities of any kind, including any claims by third parties, arising out of my use of the pool amenity, including the costs of any added sanitation of the equipment if so required in writing as solely determined by the Board of Directors or Management of the New Mark Commons Homes Association in the event that I or a member of my family is responsible for any COVID-19 exposure in the pool area. I acknowledge that I am voluntarily using the pool amenity within the Association at my sole risk. I further acknowledge that if I fail to comply with any verbal or written directives of Management or the pool vendor while using the Association's amenity area, my/our privileges to access the pool amenity may be suspended effective immediately. I acknowledge that only one verbal warning is required prior to any such amenity suspension taking immediate effect.

Participant Signature: _____ Date: _____

My typed name represents my signature on this document.

Printed Name: _____