**Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel 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.

**Avonworth Municipal Authority /** **Avonworth Community Pool (“the Pool”)** has put in place preventative measures to reduce the spread of COVID-19; however, the Pool **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. **Further, attending the Pool could increase** your risk and your child(ren)’s risk of contracting COVID-19.

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the 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 Pool may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Pool employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at the Pool or participation in Pool programming (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Pool, its employees, agents, and representatives, of and from the Claims, I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Pool, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Pool activity.

I acknowledge that I must comply with all set procedures to reduce the spread of COVID-19 while attending the pool including agreeing to the attached **COVID-19 Symptom Free Checklist**.

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Signature of Adult Pool User, Parent/Guardian Date

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Print Name of Adult Pool User, Parent/Guardian Name of Child(ren)

**COVID-19 Symptom Free Checklist**

I attest for myself and all members of my party (including minors) who will use the Avonworth Community Pool and pool facilities that:

\* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

\* I have not traveled internationally within the last 14 days

\* I have not traveled to a highly impacted area within the United States of America in the last 14 days.

\* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

\* I have not been diagnosed with Coronavirus/Covid-19 and not yet been cleared as non-contagious by state or local public health authorities.

\* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

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Signature of Adult Pool User, Parent/Guardian