

Assumption of the 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. Landisville Pool (“the Pool”) cannot guarantee that you or your child(ren) will not become infected with COVID-19 while at the Pool. Attending the Pool could increase your risk and your child(ren)’s risk of contracting COVID-19.

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, board of directors, agents, representatives, 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, gross negligence, or negligence of the Pool, its employees, board of directors, agents, or representatives, whether a COVID-19 infection occurs before, during, or after participation in any Pool program.

I hereby agree, represent, and warrant that neither I nor my child(ren) will attend the Pool if I or they have (i) experienced symptoms of COVID-19 within the past fourteen days (including without limitation fever, cough, shortness of breath, or loss of taste and/or smell), or (ii) have a suspected or diagnosed case of COVID-19.

SIGNATURE of Primary Member

PRINT name of Primary Member

SIGNATURE of Spouse (if applicable)

PRINT name of Spouse (if applicable)

PRINT Additional Name on membership

SIGNATURE of Care Giver (if over 18)
(or signature of parent of caregiver if under age 18)

PRINT Name of Care Giver