

PALOMAR HILLS COMMUNITY ASSOCIATION, INC.
POOL AREA FACILITIES
COVID-19 ASSUMPTION OF RISK AND RELEASE

I acknowledge that I have read the attached *Healthy at Work* document produced by Team Kentucky – Version 1.0 effective June 29, 2020, and understand the requirements on the swimming pools in Palomar Hills Community Association, Inc. (the “Association”). I understand and acknowledge that these restrictions may never be reduced during the 2020 season, unless specifically allowed by the Kentucky Governor and/or Lexington Fayette County Health Department.

By signing this release, I acknowledge the contagious nature of COVID-19 and knowingly and voluntarily assume the risk that my family, including child(ren), and I may be exposed to or infected by COVID-19 while on site at 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 or others, including, but not limited to the Association, Association’s Board of Directors, employees, agents, representatives, volunteers, and participants and their families.

I KNOWINGLY AND VOLUNTARILY ASSUME ALL OF THE FOREGOING RISKS ASSOCIATED WITH COVID-19 AND ACCEPT SOLE RESPONSIBILITY FOR RESULTING INJURIES 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, MY FAMILY AND MY CHILD(REN) MAY EXPERIENCE OR INCUR IN CONNECTION WITH MY CHILD(REN)’S ATTENDANCE AT THE POOL OR PARTICIPATION IN POOL ACTIVITIES (“CLAIMS”). ON MY BEHALF, AND ON BEHALF OF MY CHILD(REN), I HEREBY RELEASE, COVENANT NOT TO SUE, AND DISCHARGE THE ASSOCIATION, THE ASSOCIATION’S BOARD OF DIRECTORS, EMPLOYEES, AGENTS, AND REPRESENTATIVES FROM AND AGAINST THE CLAIMS, INCLUDING ALL COSTS OR EXPENSES INCLUDING REASONABLE ATTORNEY FEES, ARISING OUT OF OR RELATING TO THE FOREGOING RISKS. I UNDERSTAND AND AGREE THAT THIS RELEASE INCLUDES ANY CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE PALOMAR HILLS COMMUNITY ASSOCIATION, INC., THE PALOMAR HILLS COMMUNITY ASSOCIATION, INC.’S BOARD OF DIRECTORS, EMPLOYEES, AGENTS AND REPRESENTATIVES, WHETHER A COVID-19 INFECTION OCCURS BEFORE, DURING, OR AFTER PARTICIPATION IN POOL FACILITY ACTIVITIES.

If any portion of this release is held invalid, the balance of the provisions shall remain in full force and effect.

In Witness Whereof, I have duly executed this Assumption of Risk and Release, this _____ day of _____, 2020.

Member Name (Print):

Spouse Name (Print):

Member Signature:

Spouse Signature:

Member Address:
