

VILLAGES OF WELLINGTON

Covid-19 Waiver and Release

I am aware Governor Hutchinson declared a public-health emergency for this state in response to the COVID-19 pandemic. I am also aware that COVID-19 is highly contagious, and infection can cause serious health issues and/or death. Pursuant to the Directive for Recreational Pool Reopening Proposal effective May 22, 2020, recreational pools and community pools may open if they meet the requirements set forth in the Directive. I acknowledge I have received a copy of the Directive and had the opportunity to review it.

I acknowledge and agree on my own behalf and on behalf of my personal representatives, heirs, assigns, executors, administrators, and next of kin that I am voluntarily entering the community pool area for the Villages of Wellington with full knowledge that I may contract COVID-19 while doing so. I recognize that entering the pool during the Covid-19 pandemic is a hazardous activity, and I agree to assume any and all risks of bodily injury or death. I acknowledge that it is my responsibility to ensure that I maintain proper social distancing and sanitizing practices while at the Pool. I also acknowledge and accept responsibility for following all rules and regulations of the Villages of Wellington Pool.

I hereby release the Villages of Wellington and its officers, property owners, advisors, board of directors, and employees against any and all liability for loss, damage, personal injury, expense, demand, or cause of action that I may suffer as a result of contracting COVID-19 due to my presence in, upon, or about the Pool. Said release shall be effective from the date of this Waiver and Release.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I ACKNOWLEDGE THIS IS A RELEASE OF LIABILITY THAT MAY AFFECT MY LEGAL RIGHTS.

I am the parent or legal guardian of the minor child(ren) listed below. I recognize and accept the risk of bodily injury or death to them if they contract COVID-19. I further acknowledge and accept that it is my sole responsibility to ensure that the listed minor child(ren) maintain proper social distancing and sanitizing practices while at the Pool. On behalf of the minor child(ren), I hereby release the Villages of Wellington and its officers, property owners, advisors, board of directors, and employees against any and all liability for loss, damage, personal injury, expense, demand, other or cause of action that I or the child(ren) may suffer as a result of contracting COVID-19 during their presence at the Pool. I certify that the indicated Health Status for each person attending the pool today is true to the best of my knowledge.

Date: _____

PRINT Name: _____

Address: _____

Signature: _____

Phone: _____

Health Screening Status

PRINT names of each household member attending pool facility on this date.

	Last Name	First Name	Age 18 or over	Fever above 100.4 in last two days	Have cough, breathing difficulty, sore throat, loss of taste or smell	Contact with infected person in 14 days
1			No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
2			No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
3			No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
4			No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
5			No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
6			No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>