

FOXFIELD POOL USER ACKNOWLEDGEMENT

I hereby state that the members of my party are healthy and for the past fourteen days have not suffered from, nor had contact with someone who has suffered from, any COVID-19 symptoms such as fever, difficulty breathing, loss of smell, etc. Specifically, I confirm that none of us are currently experiencing any of the following symptoms:

- Fever (100.4 degrees Fahrenheit or higher)
- Sense of having a fever
- A new cough that cannot be attributed to another health condition
- New shortness of breath or difficulty breathing that cannot be attributed to another health condition
- New chills that cannot be attributed to another health condition
- New sore throat that cannot be attributed to another health condition
- New loss of taste or smell that cannot be attributed to another health condition
- New muscle aches that cannot be attributed to another health condition or specific activity (such as physical exercise)

I acknowledge and agree that Foxfield Community Association, Inc. ("Foxfield") has put rules and regulations in place as preventative measures to reduce the spread of COVID-19; however, the Association cannot guarantee that patrons will not become infected with COVID-19 as a result of using the pool facilities. Furthermore, merely coming to the pool facilities could increase our risk of contracting COVID-19. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that members of my party 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 hereby release, covenant not to sue, discharge, and hold harmless Foxfield, its Board of Directors, its agents, and its management, and the pool contractor, its employees, its agents, and its representatives, of and from any claims, including all liabilities, actions, damages, costs, or expenses of any kind arising out of or relating thereto, and including any claims based on the actions, omissions, or negligence of Foxfield, its Board of Directors, its agents, and its management, and the pool contractor, its employees, its agents, and its representatives, whether a COVID-19 infection occurs before, during, or after the use of the pool and its related facilities, to the fullest extent permitted by law. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THOSE RELEASED HEREBY or others, and assume full responsibility for my participation.

Adult #1: Printed Name	Signature	Date
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Adult #2: Printed Name	Signature	Date
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Adult #3: Printed Name	Signature	Date
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Names of Pool Users Under the Age of 18