

2020 Providence Pool Waiver

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. 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. Providence Master Owners Association, Inc. (the "Association") has put in place preventative measures to reduce the spread of COVID-19 at the pool; however, the Association cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, going to the pool could increase your risk and your child(ren)'s risk of contracting COVID-19.

By my signature below, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk and accept sole responsibility that my child(ren) and I may be exposed to or infected by COVID-19 in the Providence pool area and that such exposure or infection may result in personal injury, illness, permanent disability or death. I understand that the risk of becoming exposed to or infected by COVID-19 at the pool area may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Association employees, volunteers, and other residents and guests who go to the pool.

On behalf of myself, my spouse and my children, I hereby release, covenant not to sue, discharge, and hold harmless, the Association, its employees, officers, directors, agents, pool maintenance personnel, property managers and representatives (the "Released Parties"), of and from any judgment, cost or expense (including attorney's fees) incurred in connection with a claim related to COVID-19. I understand and agree that my assumption of the risk from COVID-19 absolves the Released Parties from any COVID-19-related claim based on the actions, omissions, or negligence of the Released Parties, whether a COVID-19 infection occurs before, during, or after you or your family members come to the pool area.

I also understand, acknowledge and agree to abide by the Association's policy during the pandemic that only full-time residents of a home within Providence may use the pool or come to the pool area until further written notice from the Association.

I, _____ as an owner and/or adult Providence resident, located at _____, acknowledge receipt of this Pool Waiver and agree to comply with all rules and policies adopted now or in the future by the Association relating to use of the Providence pool and presence at the area around the pool. I am in full understanding that if at any time someone in my household or guests of my household should fail to comply with those policies, my pool key fob will be deactivated. By signing this document, I attest that all persons living in my home understand and agree to these rules as stated.

Printed Name of Owner or Adult Resident

Signed Name of Owner or Adult Resident

Date

Print the names and ages of all other full-time residents of the home:

Please return your signed document by mailing to Lesley Penny, On-site Property Manager, 555 Providence Trail, Mt. Juliet, TN 37122, or taking a picture/scanning the document and emailing to lesley.penny@ghertner.com.