

AGREEMENT TO ASSUME RISK AND RELEASE

This Agreement to Assume Risk and Release contains important information about the conditions under which you may enter and use the Ashburn Farm Association pool facilities (“pool facilities” includes but is not limited to the pool, pool deck, pool clubhouse, pool bathrooms, and pool locker rooms). Please read each paragraph carefully and sign below if you agree to each of the terms and conditions in this Agreement to Assume Risk and Release.

I understand that use of the pool facilities involves the risk of potentially contracting and exposure to COVID-19 and that certain protections such as social distancing and personal protection equipment are unavailable due to the nature of the use of the pool facilities. Although Ashburn Farm Association and its agents, representatives and contractors (“Releasees”) have taken steps to attempt to reduce the risk of spread of the COVID-19 virus in the pool facilities, my use of the pool facilities, and presence at the pool facilities still creates risks that I may contract the virus.

By signing this agreement, I acknowledge the contagious nature of the COVID-19 virus, and I voluntarily assume the risk that I and my family may be exposed to or infected by the COVID-19 virus while on site at the pool facilities 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 the COVID-19 virus at the pool facilities may result from the actions, omissions, or negligence of myself and others. If I do not wish to assume such a risk, I will not enter the pool facilities.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my family may experience or incur in connection with my or my family’s presence at the pool facilities (“Claims”).

I, THE UNDERSIGNED, 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 presence at the pool facilities.

I agree to comply with the rules and guidelines adopted by Ashburn Farm Association for use of the pool facilities. If, however, I observe any unsafe situation or hazard during my use of the pool facilities, I will immediately leave the pool facilities if I believe that my safety is compromised and bring any unsafe situation or hazard or violation of the rules and guidelines to the attention of the nearest authorized representative of Ashburn Farm Association.

On my behalf, and on behalf of my family, I hereby release, covenant not to sue, discharge, and hold harmless Ashburn Farm Association, its Board of Directors, agents, management, contractors, employees, and 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, or negligence of Ashburn Farm Association, its Board of Directors, agents, management, contractors, employees, and representatives, whether a COVID-19 infection occurs before, during, or after use of the pool facilities, to the full extent permitted by law.

I HAVE READ THIS AGREEMENT TO ASSUME RISK AND RELEASE, I FULLY UNDERSTAND AND APPRECIATE ITS TERMS, I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

I further state and acknowledge that the following are true and accurate and I understand that my representations will be relied upon to determine by admittance to and use of the facilities:

1. I have not travelled internationally;
2. I have not been ordered or directed to quarantine, isolate, or self-monitor;
3. I have not been diagnosed with, or have had contact with anyone who has been diagnosed with, COVID-19;
4. I am not having any shortness of breath or difficulty breathing;
5. I do not have chills, muscle pain, cough, headache or sore throat;
6. I do not have a loss of taste or smell;
7. I have not resided with or been in close contact with any person who has had COVID-19 or has any of the symptoms listed in numbers 4-5 above;
8. I consent to being asked about whether I have any illness before using the facilities;
9. I do not have a fever;
10. I understand that I am barred from entry if I have a temperature of 100 degrees Fahrenheit or more;
11. I agree that, if I feel ill or exhibit any of the commonly-known symptoms of COVID-19, including cough, shortness of breath, chills, headache, sore throat, loss of taste or smell or related symptoms, I will immediately depart the facility and seek medical attention and I will notify Ashburn Farm Association of my symptoms and my medical diagnosis.

Signature: _____

Print Name: _____