

**2021 –Colonnade Community Association, Inc.  
Pool, Fitness and Amenity Space Participant Waiver -COVID-19 and Misc.**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Fob Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**In case of an emergency, who should we contact?**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I realize that participating in any physical activity is a taxing and potentially hazardous activity, where sanitation measures cannot be guaranteed. I assume all risks associated with my physical activities while in the common area fitness center/pool areas and other amenity spaces of the Colonnade Community Association, Inc., which risks may include, but are not limited to close contact with other participants, falls, personal injuries, sickness, death, disability, exposure to the COVID-19 virus and other diseases, and damage to tangible or intangible personal property. I have read this waiver and, knowing these facts and in consideration of my election to use the fitness, pool and other amenities, I, for myself and anyone entitled to act on my behalf, waive and release the Colonnade Community Association, Inc., and its directors, officers, agents, employees, vendors and volunteers (collectively, the "Releasees"). Additionally, I will indemnify, defend and hold Releasees harmless from all claims and liabilities of any kind, including any claims by third parties, arising out of my use of the fitness center/pool and other amenities, including the costs of any added sanitation of the equipment if so required in writing as solely determined by the Board of Directors or Management of the Colonnade Community Association, Inc. in the event that I or a member of my family is responsible for any COVID-19 exposure in the fitness center, pool or other amenity areas. I acknowledge that I am voluntarily using the fitness center, pool and other amenities within the Association at my sole risk. I further acknowledge that if I fail to comply with any verbal or written directives of Management or the pool vendor while using the Association's amenity areas, my/our privileges to access the pool, fitness center and other amenities may be suspended effective immediately. I acknowledge that only one verbal warning is required prior to any such amenity suspension taking immediate effect. For the fitness and indoor amenity spaces, I acknowledge and I agree that I will wipe down and sanitize all equipment before and after each use as I am aware that the Association does not have cleaning resources available on weekends and I further acknowledge that cleaning during normal business hours of the fitness and other amenity spaces is on an as needed basis.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Printed Name:** \_\_\_\_\_