**NEW PROVIDENCE COMMUNITY POOL**

**HEALTH DECLARATION FORM, RELEASE AND INDEMNITY AGREEMENT**

*Please read carefully before printing off, signing by individuals within your NPCP membership (Parent or Legal Guardian signs on behalf of any minor) and bring to The Pool on your first visit.*

**I HEREBY CERTIFY, REPRESENT AND WARRANT** as follows:

1. Within the 14 days immediately preceding the Date of the signing of this Health

 Declaration Form, I **HAVE NOT:**

1. Tested positive or presumptively positive for COVID-19 aka “coronavirus”;
2. Experienced any symptoms commonly associated with COVID-19; and/or
3. Been in direct contact with or in the immediate vicinity of any person I knew

 and/or now know to be carrying or diagnosed with COVID-19.

1. As a member of the New Providence Community Pool (“NPCP”) I pledge the following:
2. I will maintain 6 feet of social distance from all other members not in my immediate family members, caretakers, household members, or romantic partners.

 2. I will wash my hands or use hand sanitizer often.

3. I will use a cloth face covering outside of the water anytime I cannot maintain at least 6 feet of social distance from all other members not in my immediate family, caretakers, household members, or romantic partners. (exception children aged 2 years and under).

 4. I will not visit the NPCP its grounds or parking lot if I am sick.

 5. I will get tested immediately if I have symptoms.

1. If after visiting the NPCP I develop symptoms commonly associated with COVID-19

 or receive a positive test I shall immediately notify the NPCP.

 I acknowledge that the risk of contracting COVID-19 is increased in anyone visiting the NPCP or its grounds or parking lot.

**NOW, THEREFORE**:

1. **RELEASE -** The undersigned hereby releases and discharges NPCP and its members, agents, servants or assigns from any and all claims, actions or causes of action for liability, personal injury or any other claims whatsoever, that I may have from, related in any way or arising out of my visiting the NPCP.

2. Further, the undersigned agrees to hold harmless and defend NPCP and its members, agents, servants, and assigns of and from any and all claims and causes of actions in law whatsoever that I may have or which may be filed against the NPCP as a result of my actions or inactions by others from, related in any way or arising out of my visiting the NPCP.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS RELEASE BY SIGNING BELOW.**

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| **Name (Print)** | **Phone#** | **Email** | **Signature[[1]](#footnote-1)** |
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1. Parent or legal guardian shall sign for any minor. [↑](#footnote-ref-1)