

May 10, 2021

**DULLES FARMS COMMUNITY ASSOCIATION**  
**ANNUAL POOL NOTICE and COVID 19 PROCEDURES**

Dear Dulles Farms Resident:

We hope this notice finds you and your family safe and healthy. At its regular monthly meeting on April 8<sup>th</sup>, the Board voted to reopen both the Virginia Manor and Westridge pools to Dulles Farms Residents only (no guests) effective Saturday, May 29<sup>th</sup>. The pools will be opening in compliance with the Governor's orders, as well as the standards and procedures outlined in the 2021 Pool Rules and Regulations enclosed with this notice.

Residents will be required to provide both an Assumption of Risk Form and Health Screening Form which are enclosed for your reference. Access to the facilities along and submission of the required forms (Assumption of Risk and Health Screening Forms) will be managed through a reservation system. **Two-hour time slots** will be available for each day, and residents will be able to reserve one time slot for **up to six (6) members living in the same household** via a reservation app. Sitting/gathering areas for individuals or family units that live together will be marked on the pool-decks with tape. These areas will be spaced to maintain six (6) feet of social distancing. All patrons must remain within their designated area unless using the swimming pool or bathroom facilities.

To make this work for all residents, your cooperation will be needed. While there will be staff to remind people of the requirements and asking them to comply, ultimately our success in operating within the restrictions required for pool operations, is dependent upon your abundant support and willingness to comply voluntarily. As always, we thank you for your understanding and patience.

These requirements are subject to change based upon any updates to the Governor's restrictions during these pandemic times. Ideally, the Board hopes to lessen restrictions when allowable, but could be faced with potential closure of the facilities again, if there is a resurgence of the pandemic in Virginia.

Dulles Farms will provide a mobile app to access the new reservation system. A communication will be published via eblast and will be posted on the Resident Portal and the Dulles Farms Facebook page once the app is available for use, in the coming weeks. Instructions on how to download and use this app will also be posted.

If you are not able or do not wish to use the reservation app, you will be able to reserve a slot by calling the management office during normal business hours no more than three (3) days in advance. Walk-in reservations will not be accepted due to COVID 19 restrictions. Please keep in mind that you will be required to provide an Assumption of Risk Form via email before you can make a reservation via the management office. **We encourage you to download the app as there**

**may be delays in reserving through our offices.** Office hours are 9 a.m.– 5 p.m., Mon – Wed, 9 a.m.– 7 p.m. Thurs and 9 a.m. – 3 p.m. Fri.

As a reminder, you must have your Pool Access Keycard in order to use the pool. If you do not already have a keycard, please contact the management office via email at [dulfarms@ciramail.com](mailto:dulfarms@ciramail.com) or by phone at 703-542-7555 for more information. **If you have a keycard from previous years and your account is in good standing, no further action is required as the passes are still active.**

On the day of your reservation when entering the pool, you will be required to sign a Health Screening Certification via the reservation system app. If you do not complete this form, you will be denied entry. If you do not use the app, paper copies will be available at the pool sign in desk. Residents will not be asked to submit to temperature checks prior to entering.

A few other reminders are noted below for your reference.

1. **Pool Hours**: The pool opens on May 29, 2021 and will close on September 7, 2021. The pool hours are Monday through Sunday and Holidays from 11:00 a.m. to 8:00 p.m. (reservation required). **This may be subject to change based on Governors orders and pandemic conditions.**
2. **Pool Locations** – The Westridge Pool is located at 25185 Chafee Circle and the Virginia Manor Pool is located at 25930 Lennox Hale Drive.
3. **Swim Lessons**: Management and the Board of Directors are pleased to announce that *LetSwim Inc.* will once again be offering swim lessons to the Residents of Dulles Farms Community Association for the 2021 pool season. For more information about this program please visit [www.LetSwim.com](http://www.LetSwim.com).
4. **Pool Rules**: On the following pages, please find the Dulles Farms Association 2021 pool rules which can also be found on our Resident Portal at [www.ciranet.com](http://www.ciranet.com). If you have not yet signed up for Resident Portal, please contact our offices at [assistant@dullesfarms.com](mailto:assistant@dullesfarms.com) or at 703-542-7555 for more information on how to sign up. Please familiarize yourself and your family members with these rules. Anyone who is not abiding by the rules may be suspended from using the pool.

We look forward to seeing everyone at the pool this season.

If you have any questions, please feel free to contact us at [dulfarms@ciramail.com](mailto:dulfarms@ciramail.com).

Have a wonderful and safe summer!

Sincerely,

*Rachel Mancinelli*

Rachel Mancinelli, CMCA, AMS  
On-Site Community Manager

DULLES FARMS POOL OPERATION PLAN AND RULES  
FOR THE 2021 POOL SEASON

**OPERATING PROCEDURES**

**A. Hours of Operation**

For the 2021 pool season, the pools will be open from 11:00 AM to 8:00 PM each day.

**B. Reservation and Entrance System**

1. All persons using the pools are required to register for a block of time during which they may use the pools. Reservations shall be available up to three (3) calendar days prior to the intended date of use of the pool.
2. Residents will utilize an online reservation system to reserve a block of time for their family in 2 hours increments, with 15 minutes allowed for cleaning at the end of the 2-hour reservation period.
3. No more than 183 patrons will be permitted in the Virginia Manor Pool and no more than 160 patrons will be permitted in the Westridge Pool at any given time. The Board of Directors reserves the right to increase the level of occupancy of the pools up to the maximum permitted under the then current Executive Order issued by the Governor.
4. At the time a resident enters either pool, the resident will be required to complete a "Health Screening Form". If the resident is accompanied by minors (under age 18), the resident will be required to sign forms on behalf of the minors.
5. Residents shall only be permitted to bring minors from their same household to the pools. Any minors who reside in a different household than the adult that is accompanying them to a pool will be denied entry.
6. No guests will be permitted entry into the pool.
7. In addition to a confirmed reservation, all persons admitted to the pools must display a valid Dulles Farms Pool Access Keycard Pass.
8. Signs will be posted at the pools as required by the Commonwealth of Virginia.
9. All users will be required to sign the Association's Assumption of Risk Form prior to being issued a pool pass for the season.

**C. Cleaning and Sanitizing**

1. The Association's cleaning vendor shall clean the interior of the locker rooms three times per week.
2. The lifeguards on duty shall perform cleaning of all high contact areas, including all handles, door handles, bathroom areas, railings, and other areas deemed high contact during each 15-minute break period.
3. Each lifeguard shall clean their lifeguard chair with a sanitizing cleaning agent after when they vacate the lifeguard chair for use by another lifeguard.

4. Hand sanitizing stations will be placed at the check-in desk and on the pool decks, near the doors to the men's and women's locker rooms. The hand sanitizing stations will be stocked with alcohol-based hand sanitizers containing at least 60% alcohol.
5. In the event that a positive COVID-19 case is reported at either pool, that pool will be shut down for 72 hours and a deep cleaning of the area will be undertaken.

#### **D. Social Distance Monitoring**

1. All persons shall remain at least six feet (6') away from any person who is not a member of their own household. This requirement applies to all locations in the pools, on the pool decks, or in the locker rooms for the pools.
2. Each person using either pool shall be required to socially distance as set forth in Paragraph D.1., and must follow the direction of any lifeguard, pool attendant or any other similar person to maintain social distance in the event they become too close to another person who is not a member of their household.
3. Sitting/gathering areas for individuals or family units that live together will be marked on the pool-decks with tape. These areas will be spaced to maintain 6 feet of social distancing. All patrons must remain within their designated area unless using the swimming pool or bathroom facilities.

#### **E. Use and Facilities Access**

1. All occupants of the pool area shall be required to wear a mask when not within the swimming pool, except for (a) children 5 and under; and (b) people with medical conditions that prevent them from wearing a mask, provided the person requesting the medical exemption must sign a form certifying they have such a medical condition.
2. The locker rooms will be open for access to sinks, showers, and toilets. However, the lockers will be blocked off and are not to be used.
3. No pool toys or items that may be shared are allowed in the pool area (to prevent the spread of COVID-19).
4. No community pool-deck furniture will be put out to minimize the chance of spreading COVID-19 (and to reduce the cleaning demand on the staff). Patrons may bring their own pool-deck furniture.
5. All staff members will wear masks, except when lifeguards are responding to distressed swimmers.

#### **F. Pool Rules**

1. Abusive, offensive, or profane language is prohibited.
2. Loud noise disturbance is prohibited.
3. Smoking is not permitted in the pools, pool decks, or in locker rooms.
4. Breakable objects are not permitted in the pool or on the pool deck area.
5. Food is prohibited from the pool facility. Drinks must be consumed at least 6 feet away from the pool water.
6. No gum is permitted in the pools or on the pool decks.
7. Users must wear proper swimming attire in the pools. Persons whose swim attire causes a safety hazard will be asked to change attire or leave the pool area. No cut-offs, dungarees or similar attire will be permitted in the pools.

8. Baby strollers must have operational brakes when parked on the pool decks.
9. No diving is allowed.
10. Running, pushing, wrestling, excessive splashing, standing or sitting on shoulders, or causing undue disturbance in/or around the pool areas is prohibited.
11. Spitting of water or similar unhygienic actions is not allowed.
12. No hanging or sitting on the lane markers is permitted.
13. Items that may be potentially hazardous or annoying to another swimmer are not permitted (i.e., hard balls, water guns, etc.) This excludes floating devices used by parents to contain and keep infants safe in the water. Large rafts, oversized toys, or other floating objects used by children over the age of 4 or adults may not be permitted for use in the pool to be determined at the sole and reasonable discretion of the pool manager.
14. All children three (3) years and younger or those not yet potty trained must wear swimmer's diapers with waterproof diaper covers. Children will not be admitted without a swimmer's diaper, and the diaper must be worn at all times within the pool or pool area. Disposable diapers, cloth diapers, or plastic/rubber pants are not substitute and will not be permitted. If a child has a hygienic accident in either pool, the pool manager should be notified immediately. The lifeguard will generate a report of this incident if the incident results in the pool closure.
15. All children using inflatable armbands, water wings, or any approved Coast Guard flotation device must be supervised one-on-one by an adult who is in the water and is within arm's length of the child. At the pool manager's discretion, certain flotation devices may not be permitted.
16. Except for official service animals (seeing eye, etc.), no pets are allowed in or around the pools.
17. Patrons are permitted to bring their own chairs and are solely responsible for cleaning and sanitizing such chairs. The Association will not provide any furniture until further notice.
18. Persons under the influence of alcohol will not be allowed in the pools.
19. All patrons must remain ten feet apart from any other person who is not a member of their household and much follow the direction of any lifeguard or pool attendant or any other representative of the Association to maintain social distance.

DULLES FARMS COMMUNITY ASSOCIATION, INC.

HEALTH SCREENING FORM

As a condition of my use of the swimming pool located at the community center (“Swimming Pool”) owned and operated by the Dulles Farms Community Association, Inc. (“Association”), I hereby certify to the truth of the following:

1. I am not currently experiencing fever (100.4 degrees Fahrenheit or higher) and do not have a sense of having a fever.
2. I do not have a new cough that cannot be attributed to another health condition.
3. I do not have any new shortness of breath that cannot be attributed to another health condition.
4. I do not have any new chills that cannot be attributed to another health condition.
5. I do not have a new sore throat that cannot be attributed to another health condition.
6. I do not have any new muscle aches that cannot be attributed to another health condition or specific activity (such as physical exercise).
7. I have not been in close contact (defined as within six feet) of someone with COVID-19 for an aggregate total of 15 minutes over the past two weeks.
8. I do not currently have COVID-19.

\_\_\_ Dulles Farms Homeowner    \_\_\_ Dulles Farms Non-Homeowner (Renter or Guest)

Name of participant: \_\_\_\_\_

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

DULLES FARMS COMMUNITY ASSOCIATION, INC.

ASSUMPTION OF RISK AGREEMENT

FOR COMMUNICABLE DISEASES INCLUDING COVID-19

As a condition of my use of the swimming pool located at the community center (“Swimming Pool”) owned and operated by the Dulles Farms Community Association, Inc. (“Association”), the undersigned acknowledges, appreciates, and agrees that:

1. My use of the Swimming Pool owned by the Dulles Farms Community Association, Inc. includes possible exposure to and illness from various bacterial and viral infectious diseases including but not limited to Methicillin-resistant Staphylococcus aureus (MRSA), Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (“MERS”), influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist, and cannot be entirely eliminated; and,
2. I hereby acknowledge that notwithstanding the Association’s performance of all obligations established by Executive Order or otherwise, including, but not limited to, any Guidelines issued by the Commonwealth of Virginia, Center for Disease Control, or otherwise, the use of the Swimming Pool carries with it inherent risk, and that it is not possible for the Association to completely prevent the presence of or eradicate from the Association’s facilities and other facilities under its various bacterial and viral infectious diseases including but not limited to Methicillin-resistant Staphylococcus aureus (MRSA), Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (“MERS”), influenza, and COVID-19, and I may be exposed to such diseases due to my use of the Swimming Pool.
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS associated with the use of the Swimming Pool, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE ASSOCIATION OR ITS DIRECTORS, OFFICERS, AGENTS EMPLOYEES, VOLUNTEERS OR CONTRACTORS, or others, and assume full responsibility for my use of the Swimming Pool, and,
4. I willingly agree to comply with all rules adopted by the Association from time to time related to the use of the Swimming Pool, including those intended to reduce the risk of incurrance of infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest pool staff member immediately; and,
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY AGREE AND COVENANT NOT TO SUE OR OTHERWISE PURSUE ANY LEGAL ACTION and RELEASE ALL CLAIMS against the Dulles Farms Community Association, and its officers, directors, officials, agents, contractors and/or employees,

(individually and collectively "ASSOCIATION PARTIES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property in connection with my use of the Swimming Pool, WHETHER ARISING FROM THE NEGLIGENCE OF ASSOCIATION PARTIES OR OTHERWISE, to the fullest extent permitted by law.

6. I shall indemnify, defend and hold harmless the Dulles Farms Community Association, and its officers, directors, officials, agents, contractors and/or employees from and against any claims, actions, causes of action, suits, judgments, awards, penalties and damages arising from any minors (persons under 18 years of age) who accompany me and are present at or use the Swimming Pool.

I HAVE READ THIS ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY, UNDERSTANDING THAT EXECUTION OF THIS AGREEMENT IS A CONDITION TO MY USE OF THE SWIMMING POOL.

Dulles Farms Homeowner     Dulles Farms Non-Homeowner (Renter or Guest)

Name of participant: \_\_\_\_\_

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_



FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18) PARENT OR LEGAL GUARDIAN MUST ALSO SIGN

\_\_\_\_\_, a minor for whom I am responsible, is not currently experiencing fever (100.4 degrees Fahrenheit or higher) and does not have a sense of having a fever, does not currently have a new cough that cannot be attributed to another health condition, does not currently have any new shortness of breath that cannot be attributed to another health condition, does not currently have any new chills that cannot be attributed to another health condition, does not currently have a new sore throat that cannot be attributed to another health condition, and does not currently have any new muscle aches that cannot be attributed to another health condition or specific activity (such as physical exercise).

This is to certify that I, as parent/guardian, with legal responsibility for the participant identified above, have read and explained the provisions in this document to my child/ward, including the risks of use of the Swimming Pool, and his/her personal responsibilities for adhering to rules adopted by the Dulles Farms Community Association, Inc., related to risks of use of the Swimming Pool, including those intended for protection against communicable diseases, and that such diseases may be contracted even if such rules are followed. Furthermore, my child/ward understands and accepts and assumes these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her COVENANT NOT TO SUE OR OTHERWISE PURSUE ANY LEGAL ACTION provided above against all the Association Parties and myself, my spouse, and child/ward do hereby RELEASE ALL CLAIMS AND COVENANT NOT TO SUE OR OTHERWISE PURSUE ANY LEGAL ACTION against any and all Association Parties, for any and all liabilities or claims incident to my minor child's/ risks of use of the Swimming Pool as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE ASSOCIATION PARTIES, to the fullest extent provided by law. In addition, on behalf of myself, my spouse and my child/ward, I assume the risk of myself, my spouse, and my child/ward contracting communicable disease due to the risks of use of the Swimming Pool.

Name of parent/guardian: (1)\_\_\_\_\_ (2)\_\_\_\_\_

Parent guardian/signature:(1)\_\_\_\_\_ (2)\_\_\_\_\_

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