



Waiver and Release of Liability for Use of Somerset Lake Service Corporation Pool

I/we understand that in connection with responding to the COVID-19 pandemic, this waiver, release and all representations and covenants set forth herein are given in consideration for the Somerset Lake Service Corporation ("SLSC") permitting me/us/our family access to the pool and pool area ("Pool").

1. **Acceptance of Risk, Release; Indemnification:** I/we am/are fully aware that there are significant risks associated with use of the SLSC Pool, including without any limitations whatsoever: (a) attendance at the Pool and surrounding areas may expose a user to COVID-19 which could result in a serious medical condition requiring medical treatment in a hospital or even death. On behalf of myself, my family and my child/children, I/we knowingly and freely assume all risks, known and unknown relating to use of the Pool. I/we hereby forever release, waive, relinquish and discharge SLSC, its representatives and its successors, members, employees or anyone acting on its behalf from any and all claims, demands, damages and causes of action of whatsoever kind or nature, known or unknown, foreseen or unforeseen, now or at any time in the future including any right(s) of subrogation ("Claim") and agree to indemnify and hold SLSC, its representatives, members, employees, or anyone on its behalf harmless, including for legal fees incurred for any and all Claims arising from any use of the Pool by me, my family or anyone claiming against SLSC as a result of our use.
2. **Rules and Regulations:** I/we have read all the Rules and Regulations and agree to follow them and understand that failure to do so shall result in revocation of all Pool passes issued for 2020. We understand that the rules may change as circumstances change or additional regulations are placed upon SLSC and we agree to abide by any rules adopted hereafter in exchange for the right to use the Pool.

**READ CAREFULLY -BY SIGNING THIS DOCUMENT YOU MAY GIVE UP
IMPORTANT LEGAL RIGHTS.**

**RESIDENT
ADDRESS** _____

NAME OF RESIDENTS _____

SIGNATURES _____ **DATE** _____

_____ **DATE** _____