Covid-19 Notice

In response to the Covid-19 Pandemic, we have implemented new cleaning and sanitizing protocols and rules for the CSPOA pool facility that go beyond our usual high standards:

- We will follow CDC guidelines for Cleaning and Disinfecting Public Spaces;
- Public contact points at the pool facility (such as bathrooms, doorknobs, counters, faucet handles, tables, chairs and loungers) will be cleaned and sanitized multiple times a day;
- Employees will follow a cleaning schedule and checklist;
- Employees will be trained and provided with necessary supplies and equipment to follow these protocols;
- Social Distancing, Occupancy Limits, and Other Pool Rules will be Enforced;
- Regarding pool safety, the CDC states: "There is no evidence that COVID-19 can
 be spread to humans through the use of pools and hot tubs. Proper operation,
 maintenance, and disinfection (e.g., with chlorine and bromine) of pools and hot
 tubs should remove or inactivate the virus that causes COVID-19." We strive to
 maintain proper pool operation, maintenance and disinfection procedures. All
 chlorine levels are checked 3 times per day to insure our chemicals are
 balanced. Will are investigating additional sanitation technologies, such as in-line
 UV filters;
- Any employee who has travelled must be self-quarantined for 14 days before returning to work;
- Residents and guests who have travelled internationally will not be permitted access to the pool for 14 day after their return trip.
- Residents, guests and employees will be required to self-monitor for fever and other symptoms of illness. Those with fever over 100.4 or experiencing other Covid-19 symptoms are to stay home and will not be permitted entry to the pool.
- All residents and guests to the pool facility will be required to sign-in, sign-out and confirm they are not experiencing Covid-19 symptoms. This process will help us comply with and monitor occupancy limits and serve as a resource for contract tracing purposes in the event of an exposure.

We will remain vigilant and follow local, state and federal guidelines for the health and safety of all our residents and employees. Regular meetings will be to review and revise protocols and rules as the situation requires, and we will be in constant communication with staff and residents to keep them updated and to advise them on appropriate measures to take.

Your safety and wellbeing are critical to us, and we are doing everything we can to provide a safe environment for our residents, employees and their families. We look forward to the upcoming pool season and ask for your help in making this a safe, successful summer!

Resident Waiver and Release of Liability

In addition to the increased cleaning and sanitation measures we have implemented, you can help us in our efforts to support all of our safety and reduce the risk of Covid-19 exposure at our pool and public spaces.

By signing below, I acknowledge I have read and understand this Resident Waiver and Release of Liability, that me and my family and guests have also read, understand and agree to abide by all Pool Rules and local orders related to Covdid-19, and agree to the following conditions for use of the pool facilities, which are designed to protect the health and safety of the CSPOA residents, family members, guests and community, but all of which are subject to change from time to time:

	I agree to practice social distancing according to CDC and local guidelines that pertain to COVID-19		
	 Social distancing – 6ft from each other 		
	 Proper handwashing and sanitization 		
	I agree to wipe down the area, furniture and equipment used prior to leaving the pool.		
	o Chairs, tables, etc.		
	I agree to shower before entering the pool and to wash and/or disinfect hands before entering the pool facility.		
	I agree to stay home if I have a fever of 100.4 or higher or am experiencing other Covid-19 symptoms, until medically cleared. This includes but is not limited to body aches, fever, sore throat, chills, cough, and other cold or flu like symptoms.		
	I agree to stay home if I have been in direct contact with anyone who is suspected or		
ш	confirmed to have COVID-19 until medically cleared.		
	If I have traveled internationally in the last 14 days, I will not use the pool facility.		
	If I have been exposed or suspected of having been exposed to Covid-19, me and my		
	family members will not use the pool facility for 14 days or until cleared by a medical professional.		
	I agree that attending the pool will be at my own risk and agree to assume such risk by		

By signing this agreement, I acknowledge and understand the danger of injury, disability and death associated with using the pool, the contagious nature of COVID-19, and the risk that my family, including child(ren), and I may be exposed to or infected by COVID-19 while on site at the pool or other public spaces and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of injury, disability or death, and risk of becoming exposed to or infected by COVID-19 at the pool, may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the HOA Board, facility management and employees, maintenance personnel, volunteers, and program participants and their families. I voluntarily agree to assume all risk of using the pool, pool facilities and common areas, and accept sole responsibility for any injury, illness or damage to myself, my family, including my child(ren), and guests, including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I/we may experience or incur in connection with, arising out of or in any way related to the use of the CSPOA pool, pool facilities and public spaces or the acts, errors or omissions of the CSPOA Board of Directors, Pool Committee, management company, independent contracts or their respective agents, employees or representatives. Further, I/we hereby fully and forever release, covenant not to sue, and agree to hold harmless

the CSPOA Board of Directors, the CSPOA Pool Committee, management company, maintenance company, and each of their respective employees, agents, representatives and insurers of and from the Claims, actions, causes of action, damages, liabilities, injuries or losses of whatsoever nature or kind that I, my family, my children or guests may suffer or sustain in connection with or in any way arising out of the use of the CSPOA pool facilities and public spaces or the acts, errors or omissions of the CSPOA Board of Directors, Pool Committee, management company, independent contracts or their respective agents, employees or representatives. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the HOA Board and the pool management company and their employees, agents, and representatives, whether an injury, disability, illness or COVID-19 infection occurs before, during, or after participation in pool facility activities.

Signature of Family Members 17 & Over	Printed Names of Family Members 16 & Younger
1	7
2	8
3	9
4	10
5	11
6	12

Your Address:	
Your Email Address:	
Your Phone Number:	