**NEW PROVIDENCE COMMUNITY POOL**

HEALTH DECLARATION FORM RELEASE AND INDEMNITY AGREEMENT

*Please Read Carefully Before Signing*

**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:**
2. Tested positive or presumptively positive for COVID-19 aka “coronavirus;”
3. Experienced any symptoms commonly associated with COVID-19; and/or
4. 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.
5. As a member/employee of the New Providence Community Pool (“NPCP”) I pledge the following:
6. I will maintain 6 feet of social distance from all other individuals not in my immediate family.
7. I will wash my hands or use hand sanitizer often.
8. I will cover my face any time I cannot maintain at least 6 feet of social distance from another person.
9. I will not visit the NPCP its grounds or parking lot if I am sick.
10. I will get tested immediately if I have symptoms.
11. I will adhere to the current NJ policy regarding international travel as detailed at <https://covid19.nj.gov/faqs/nj-information/travel-and-transportation/are-there-travel-restrictions-to-or-from-new-jersey>.
12. 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 or working at the NPCP or its grounds or parking lot.

**NOW, THEREFORE**:

1. **RELEASE -** The undersigned hereby releases and discharges NPCP and its members, employees, 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 visit to or employment by the NPCP.

2. Further, the undersigned agrees to hold harmless and defend NPCP and its members, employees, 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 of or employment at 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)