

**BEACON POINT POOL WAIVER and USE AGREEMENT DURING
THE COVID-19 PANDEMIC**

Only residents and their overnight guests are allowed to use the pool.

DUE TO COVID-19 YOU ARE ENTERING AT YOUR OWN RISK

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I must sign this agreement and have it on file before using the pool.

I understand the health risk of entering the pool area.

I understand that some carriers of COVID-19 can be asymptomatic.

I will not enter the pool area if I have COVID-19 symptoms.

**. FEVER . COUGH. CHILLS. MUSCLE PAIN. SORE THROAT.
. SHORTNESS OF BREATH . CHEST CONGESTION**

I will follow all rules with special attention to the ones related to the pandemic.

I will follow the CDC guidelines on social distancing (6 feet) and hand washing

**I will bring my own sanitizing supplies for use at the pool and will sanitize all furniture
and bathroom items before use.**

I will bring my own beach towel to put over lounges and chairs that I use.

I can report any violations of these rules to Management and Associates.

Violations of these conditions of use can result in suspension of pool privileges.

**All individuals are at risk of getting the virus, however those most at risk should wear
face masks.**

Signature _____

Date _____

Address: _____