



BEAR HOLLOW VILLAGE

HOMEOWNER'S ASSOCIATION

PARK CITY, UTAH

RELEASE OF LIABILITY FORM

In consideration for using the Clubhouse facilities of the Bear Hollow Village Homeowners Association I hereby acknowledge and agree to the following:

- I understand the hazards of the novel coronavirus ("COVID-19") and am familiar with the Centers for Disease Control and Prevention (CDC) and Summit County Health Department guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the guidelines are regularly modified and updated and I accept full responsibility for familiarizing myself with the most recent updates.
- I understand the symptoms of COVID-19 and affirm that I, as well as all members of my household, have not experienced any COVID-19 symptoms in the past 14 days, have not been diagnosed with COVID-19 in the past 30 days, and have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days.
- Notwithstanding the risks associated with COVID-19, which I readily acknowledge, I hereby willingly choose to participate in activities in the Bear Hollow Village Clubhouse.
- I acknowledge and fully assume the risk of illness or death related to COVID-19 arising from my being on the Clubhouse premises and participating in any activities. I do therein and hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT the Bear Hollow Village Homeowners Association from any liability related to COVID-19 which might occur as a result my being on the Clubhouse premises and participating in any activities therein.
- I acknowledge that the Bear Hollow Village Homeowners Association has put in place necessary and reasonable rules / restrictions / guidelines for all persons using the Clubhouse and I agree to comply with these rules /restrictions/guidelines while in the Clubhouse.

By signing below, I agree to each statement above and release the Bear Hollow Village Homeowners Association from any and all liability for any unintentional exposure or harm due to COVID-19.

Signature

Print your Name

Bear Hollow Village address

Date

SEND COMPLETED FORM TO GREG VIA EMAIL GREG.PARKCITY@GMAIL.COM OR FAX TO 435-655-7179