

Village IV Organization



COVID-19 Waiver and Assumption of Risk

Swimming Pool/Recreation Activities Participation Agreement:

Activity: Swimming, Weight Room, Exercise Equipment, Basketball/Tennis Court, any activity conducted in the building or on the grounds of VIV Clubhouse

Name of Owner: Village IV Organization

Address: 6955 Woodridge Drive
Woodridge, IL 60517

Date(s) Activities are being Held: January 1, 2021 – December 31, 2022

Participant Information (To Be Completed by Participant or Authorized Guardian)

Adult Member Participant(s):

VIV Account Number _____

First Name, Last Name _____

Spouse (if applicable) _____

VIV Street Address _____

Primary Phone _____ Alternate Phone _____

Email _____

Minor Children (under 18) Participant(s):

First Name, Last Name _____

First Name, Last Name _____

First Name, Last Name _____

First Name, Last Name _____

_____ Please initial – I agree to follow all NEW 2020-21 rules and regulations as they apply to the COVID-19 precautions.

Participation Agreement:

I acknowledge that participation in the activities described above involves risk to the participant (and to the participant's parents or guardians if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, COVID-19.

In consideration for the opportunity to participate in the activities described above (the "activity"), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of exposure to COVID-19 associated with participation in the activity. The participant (or parent/guardian) accepts personal financial responsibility for any illness or other loss sustained during the activity, as well as for any medical treatment rendered to the participant.

Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless Village IV Organization, its agents, employees, directors, and officers, volunteers, or any other representatives for any illness arising directly or indirectly out of the described activity, whether such illness arises out of negligence of the venue owner, the participant, or otherwise.

Signature: _____

Date: _____