CITY OF KIRBY POOL 3211 CHARLES CONRAD, KIRBY, TEXAS 78219 RELEASE OF LIABILITY

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my family, including my minor children, or I may be exposed to or infected by COVID-19 while on site at the City of Kirby Pool at 3211 Charles Conrad, Kirby, Texas 78219 (the "Pool") and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I understand that the 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 City of Kirby and the pool management company and each of their officials, employees, and volunteers, as well as the other users of the Pool. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my minor children or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, my family, or my minor children may experience or incur in connection with attendance at the Pool or participation in activities at the Pool ("Claims").

On my behalf, and on behalf of my minor children, I hereby release, covenant not to sue, discharge, and hold harmless the City of Kirby and the pool management company and their officials, employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City of Kirby and the pool management company and their officials, employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in activities at the Pool.

I further understand and agree that the City of Kirby or the pool management company may refuse Pool access to anyone who has a fever over 100° F or has or exhibits any symptoms of COVID-19.

Signature:	
Address:	
Date:	

Names and ages of minor children: