

FOXBORO POOL

COVID-19 Waiver

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my family, including child(ren), and I may be exposed to or infected by COVID-19 while on site at Foxboro 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 Foxboro pool may result from the actions, omissions, or negligence of myself and others, including, but not limited to the Foxboro Pool Board, pool management, pool employees, volunteers, members, and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for an injury to my child(ren) 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 and my child(ren) may experience or incur in connection with my child(ren)'s attendance at the pool or participation in pool activities ("Claims"). On my behalf, and on behalf of my family, I hereby release, covenant not to sue, discharge and hold harmless the Foxboro pool board, pool management, and employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Foxboro Pool Board, Pool Management, and employees, agents, and representatives, whether a COVID-19 infection occurs before, during or after participation in pool facility activities.

I further agree, represent and warrant that neither myself, my family nor my child(ren) shall visit or utilize Foxboro Pool if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, (ii) has suspected or diagnosed/confirmed case of COVID-19, or (iii) has visited, travelled to or been exposed to persons who have visited or travelled to areas subject to a CDC Level 3 Health Notice. The undersigned agrees to notify Foxboro Pool immediately if he or she believes that any of the foregoing access/use restrictions apply.

I also acknowledge that failure to adhere to the Foxboro Pool rules may result in adverse action against myself, my family and my child(ren) up to and including temporary suspension from the facility and/or revocation of membership. I understand and agree that If such sanctions are imposed there will be no refund or reimbursement of any fees or membership dues. The pool leadership and staff has full authority to impose such penalties.

I have carefully read and voluntarily signed this assumption of the risk, release and waiver of liability, and indemnity agreement and further agree that no oral representations, statements or inducement apart from the foregoing written agreement have been made. I also understand that this agreement is made on behalf of my minor child(ren) and I represent and warrant that I have full authority to sign on their behalf.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS ASSUMPTION OF THE RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND AGREE TO ITS TERMS.

Signature _____
Printed Name _____
Date _____

Spouses Signature _____
Printed Name _____
Date _____

FOXBORO POOL



FUN, FRIENDLY and FAMILY ORIENTED!

Become a member today, nestled within the Foxboro subdivision in Gahanna.
Eligible to anyone in the Greater Gahanna and surrounding communities.
We pride ourselves on being a fun, friendly and family oriented pool.

Complete the application and send in to become a member today

Questions please visit our website www.foxboropool.org or email us info@foxboropool.org

Foxboro Pool Features:

FREE Membership for child under 2 as of 4/1/20
Certified Lifeguards
Separate pool for children age 5 years & younger
Diving Board
Ample Shaded Areas
Lounge and Upright Chairs
Adult Swim
Free Wi-Fi available

PARKING

at Northeast Center at 500 N. Hamilton Rd
Entrance to pool is located behind
Northeast Center
by back southeast corner.

Membership Terms

1. A family membership can be mother or father, sister or brother (step or foster) that reside in the same household all year round.
2. Childcare provider is for a single membership, one family childcare provider only, must accompany a one family membership application & can only visit the pool when caring for those children. A childcare provider caring for more than one single-family member's children must have a regular membership.
3. For Rules and Regulations visit: www.foxboropool.org or e-mail at: info@foxboropool.org

PRICING FOR 2020

Category (before tax)

Single (14 or older)	\$180
Family of 2	\$250
Family of 3 or more	\$300
Childcare Provider	\$85
Senior 60 & over	\$55

Pool Hours:

OPENING July 1: 12-8 pm
July 1 – August 11: 12-8 pm daily
August 12 – September 6: Closed M - F

- **Open Saturday, 12-8pm**
- **Open Sunday, 12-7**

September 7 (Labor Day): 12-7

Please fill out application & mail with payment to:

Foxboro Recreation & Park Association P. O. Box 30605, Gahanna, OH 43230 or email to info@foxboropool.org or drop off at a board members house

Name of Member: _____ Address: _____

City: _____ Zip: _____ Phone: _____ E-mail: _____

PLEASE INCLUDE TAX: Single = **\$13.50** Family of 2 = **\$18.75** Family of 3 or more = **\$22.50** Childcare Provider = **\$6.38** Senior 60 & over = **\$4.13**

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Are you a new member (Yes/No): _____ If you are a **new** member live outside of the Foxboro neighborhood, then please list the name of the current member that is sponsoring you: _____

I/We agree to abide by the Rules and Regulations of the Association regarding the use of the pool facilities. Any guest sponsored by the applicants listed here is also governed by those rules. Rules are posted and copies are available at the pool. I/We consent for a candid photo to be used on the website. Memberships are not refundable and not transferable.

In the event that a member or guest associated with this application requires emergency medical assistance while using the pool facilities, I/We give permission to an authorized pool representative to call medical personnel and allow transport to a medical facility for treatment if necessary. The Association assumes no responsibility for the medical expenses incurred as a result of injuries sustained on or about the pool premises or any activity pertaining to the pool.

I/We understand that staff has the right to address any behaviors that might result in an unsafe environment for myself or other members.

Signature: _____ Date: _____
Parent or Guardian if under 18

Please list any pertinent medical information or other concerns:

Emergency Contacts: (one required)

Childcare Provider or a Member: _____ Phone: _____

Other: _____ Phone: _____

First Name	Last Name	Date of Birth	Relationship	Price
			Self	

Sales Tax 7.50%: _____
 Total price _____

Method of Payment: (circle one) Check, Visa, or MasterCard

Please make check payable to: Foxboro Recreation & Park Association

Credit Card Number: _____ Expiration: _____

CVC (3 digit code on back of card): _____

Total amount due: **(including 7.50% sales tax)** _____

Name on Card: _____ Billing Address _____

City: _____ ST: _____ Zip: _____ Phone: _____

Signature: _____ Date: _____

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 Senior 60 & over = **\$4.13**