

**Assumption of the Risk and Waiver of Liability Relating to
Coronavirus/COVID-19**

I, _____, voluntarily sign this Liability Waiver and Assumption of Risk in favor of The Cascades Condominium Trust (the "Trust"), in consideration for the opportunity to use the clubhouse facility at the "Trust".

I understand that there are certain risks and dangers associated with the use of the "Trust" common facility. I understand the risks and assume full responsibility and liability.

I specifically understand and agree that there exists an inherent risk of exposure to COVID-19 in any place where people are or have been gathering, notwithstanding the health and safety measures being taken. COVID-19 is an extremely contagious disease that can lead to severe illness and death. I fully understand and appreciate both the known and potential dangers of utilizing the common facility, including but not limited to bodily injury, sickness, disease, and/or death. I hereby accept and assume all risks related to the use of such facility. I also agree, represent and warrant that I shall not visit or utilize the facility, if I: (i) experience symptoms of COVID-19, including without limitation, fever, cough or shortness of breath, or (ii) have a suspected diagnosis/confirmed case of COVID-19. I shall indemnify, protect, hold harmless, and defend (on demand) the "Trust" and/or its agents, servants, employees, and attorneys thereof, and its management company, its agents, servants, employees, and attorneys (collectively referred to as the "Indemnified Parties") from and against all claims (including without limitation claims brought by undersigned) if such claims arise out of or relate to my use of or presence in the facilities. I shall comply with all federal, state and local directives and orders in place regarding the use of the facilities (including as they relate to cleaning surfaces after use, the use of masks and social distancing).

I waive and release the Trust and all Indemnified Parties from all claims for personal injury, property damage, death or loss suffered or sustained that may arise from my use of the facilities.

I am a competent adult, over 18 years of age, and I assume these risks of my own free will.

Unit # _____

Date _____

Print Name

Signature