

COVID-19 COMMUNITY ROOM WAIVER AND RELEASE

RESIDENT NAME:				
F	RESIDENT ADDRESS:			
0		19, has been declared a worldwide pande emely contagious and is believed to sprea		
C(gr	OVID-19; however, they can anting access to the meeting	ES HOUSE) has put in place preventative ot guarantee your safety from COVID-19 room, STRATA PLAN 46789 (RHODES In all residents before access to the meeting	within the pre HOUSE) will re	mises. As such, before equire an undertaking
1.	to or infected by COVID-19	us nature of COVID-19 and voluntarily ass by attending the meeting room, and such nanent disability, and death.		
2.		exposure extends to anyone with whom I busehold (partners, children, parents, and		close physical contact,
3.	understand that the risk of becoming exposed to or infected by COVID-19 in the meeting room may esult from the actions and omission of myself and others, including, but not limited to, contractors, building management, and owners corporation representatives.			
4.	(including, but not limited to	e all the foregoing risks and accept sole re personal injury, disability, and death), illn or mime may experience or incur in conne	ess, damage,	loss, claim, liability, or
5.	I HEREBY WAIVE AND RELEASE, hold harmless and forever discharge STRATA PLAN 46789 (RHODES HOUSE), and its contractors, building management, and owners corporation representatives of and from all claims, demands, debts, contracts, expenses, cause of actions, lawsuits, damages, and liabilities, of every kind of nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my attendance or any activities conducted at the premises of STRATA PLAN 46789 (RHODES HOUSE), provided that this waive of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct arising out of exposure to COVID-19.			
Ş	SIGNATURE OF RESIDENT:		DATE:	
5	SIGNATURE OF WITNESS:		DATE:	
ľ	NAME OF WITNESS:		_	