

**HEATHERSTONE HOMEOWNER'S ASSOCIATION
EXERCISE ROOM AGREEMENT AND WAIVER AND RELEASE OF LIABILITY**

I, the undersigned, will take full responsibility for my own safety in using the facilities in the exercise room located in Heatherstone Homeowner's Association ("Association"). I understand that I will use the Exercise Room with the knowledge of the risks involved, and hereby agree to assume any and all inherent risks of personal injury, property damage, or death that may result from my use of the Exercise Room. I agree for myself and anyone entitled to act on my behalf, to hold harmless, waive, and release the Association, and the Association's officers, agents, employees, representatives, and successors against any injury, accident, and/or property damage that occurs as a result of my use of the Exercise Room.

I agree that I shall take full responsibility for the acts of my guests and lessees in the Exercise Room. I understand that any lessee of my Property, as listed below, their children, and guests shall be subject to the terms of this Agreement and Waiver and Release of Liability, and that at all times I shall remain responsible for their acts in the Exercise Room. I accept and agree that it is my responsibility to furnish any lessee of my Property, as listed below, with a copy of this Agreement and Waiver and Release of Liability, to obtain their signature on same, and submit the completed form to the Board of Directors of the Association.

I understand that children under the age of thirteen are not permitted in the Exercise Room at any time. I accept and agree that I shall be solely responsible for any injury, property damage, or death arising from a minor's use of the Exercise Room while under my supervision. I further accept and agree that I shall supervise the use of the Exercise Room of any minor under my supervision and/or living in my household, and that I shall solely be responsible for the acts of said minor(s) in the exercise room.

I understand that activities such as those provided by the Exercise Room pose a risk to my health and the health of any minors that are under my supervision. I assert that that I have obtained the requisite approval from my physician and or any physician of a minor under my supervision regarding exercise risks and any precautions that I/they should take.

By my signature, I indicate that I have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this waiver and release of liability shall remain in full force and effect while the offending provision or provisions shall be severed here from.

By signing this release, I acknowledge that I understand its content and that this release can be modified only in writing signed by myself and the President of the Board of Directors of the Association.

Section 1: Homeowner(s) Information:

Last Name: _____ M.I. ____ First Name: _____

Signed: _____

Last Name: _____ M.I. ____ First Name: _____

Signed: _____

Property Address: _____

Mailing address: _____

Phone (H): _____ Phone (W): _____ Email: _____

Section 2: Lessee(s) Information:

Last Name: _____ M.I. ____ First Name: _____

Signed: _____

Last Name: _____ M.I. ____ First Name: _____

Signed: _____

Property Address: _____

Mailing address: _____

Phone (H): _____ Phone (W): _____ Email: _____

Section 3: Children and Guests

Name _____ Minor? If yes, birth date: _____

Name _____ Minor? If yes, birth date: _____

Name _____ Minor? If yes, birth date: _____

Name _____ Minor? If yes, birth date: _____