

PAID _____

Fob # _____

LIABILITY WAIVER AND CONSENT
(Member)

Autumn Woods Community Association, Inc. (hereinafter the "Association") requires that all members, their minors, and guests follow the safety rules and instructions that are designed to protect the safety and well-being of all individuals who choose to properly utilize the Exercise Room.

I am solely responsible for determining if I, or my guests, are physically fit and/or adequately skilled for using the Exercise Room equipment.

I agree to explain to any invited guest the nature of the Exercise Room at the Association and of the inherent dangers of such facilities. On behalf of myself, and/or our guests, I agree to the following:

I agree to indemnify the Association for any harm to persons or property caused by myself, and/or my guests.

I hereby consent to the Association's use of video surveillance of the exercise facility and the use of that footage in the event of a reported breach of the Rules for the exercise facility.

I agree that any guests that I bring to access the exercise facility must be accompanied by myself at all times or sign a separate liability waiver and consent form as well as provide a form of identification as indicated below. Any guest between the age of 14 and under 18 must have a Parental Consent form signed and on file with the Association.

I hereby agree that neither the Association, nor the staff, manager, directors, trustees, or agents of the Association may be held liable in any way for any injury, death, or other damage to myself, or our guests or their property arising out of or resulting from use of the exercise equipment, except to the extent that any such claim arises from an accident or injury caused by or resulting from the negligence or willful misconduct of the Association, its staff, manager, directors, trustees, or agents and I waive any such claim.

As part of and attached to this form, I agree to supply the Association with a copy of my identification (i.e. driver's license, passport, student ID, military ID, etc.) for their records. Such identification, must clearly display the member's name and picture.

By signing this document, I have read and fully understand the above important information, warning of risk, authorization, and waiver.

Signature

Date

Print Name

Email

Autumn Woods Address

Phone

ATTACHED COPY OF PHOTO IDENTIFICATION