

BRICKSHIRE COMMUNITY ASSOCIATION, INC.

ACCESS CARD ORDER FORM AND FITNESS CENTER/SWIMMING POOL USE WAIVER

AND ACKNOWLEDGEMENT OF RULES

I, (print name) _____, and my immediate family/household intend to utilize the Brickshire Community Association Fitness Center and Swimming Pool Facility on a "USE AT MY OWN RISK" basis. We fully understand that, in utilizing the Fitness Center and Swimming Pool Facility, we may injure ourselves in some manner, including, but not limited to, any and all disabling issues and or injury from others utilizing the equipment and pool facility. We are voluntarily participating in utilizing the Fitness Center and Swimming Pool Facility at our own risk, with full knowledge of the dangers involved.

In signing this Waiver/Release Form, I am also signing on behalf of my immediate family members listed below and any guests we bring into the Fitness Center and/or Swimming Pool Facility. We all expressly agree to waive and release the Brickshire Community Association, Inc., its employees, affiliates, contractors, directors, or agents from any claims, demands, and causes of action, including ordinary negligence, now or in the future, arising from our usage of the Fitness Center and/or Swimming Pool Facility on a "USE AT MY OWN RISK" basis. We also all expressly agree and understand that we will be financially liable for the repair and/or replacement of any Association equipment or property that we damage or lose.

We understand and agree that the Brickshire Community Association, Inc., its employees, affiliates, contractors, directors, or agents, are not responsible for any reason whatsoever, including ordinary negligence, for any injury, damage or loss of property we may suffer as a result of our utilization of the Brickshire Fitness Center and/or Swimming Pool. On behalf of myself, my household, and my guests, I hereby understand and agree to follow all of the Brickshire Pool Rules and Regulations. I further acknowledge the risks associated with use of the Fitness Center and/or Swimming Pool Facility and do hereby hold harmless from all liability the Brickshire Community Association, its employees, affiliates, contractors, and agents. We also agree to follow all published Rules and Regulations for Swimming Pool and Fitness Center use at all times.

Household Members

Print Name: _____ Email Address: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

NUMBER OF ACCESS CARDS BEING ORDERED: _____

- Complimentary Card (1 per household) _____ (completed by office)
- Additional \$20 per card. Online / Check Payment Received: _____ (completed by office)

Access Key Number(s): _____ (completed by office)