

SUN CITY SHADOW HILLS COMMUNITY ASSOCIATION

INFORMED CONSENT AGREEMENT

I _____(print name) intend to make use of some or all of the Sun City Shadow Hills Community Association (“SCSH”) facilities (“Facilities”), participate in some or all of SCSH’s activities and/or events, take advantage of some or all SCSH’s programs (“Programs”) and/or SCSH classes (“Classes”)(hereinafter collectively “Activities”). Activities include, but are not limited to, participating in Classes that require use of tools or equipment, any SCSH workshop, utilizing the fitness center, the swimming pools, participating in fitness classes, the golf courses, going on various SCSH sponsored trips, utilizing the various tennis and bocce ball courts, etc.

In consideration for the right to use the Facilities and/or participate in the Activities, I represent and agree as follows:

I understand that every person has different capacities and physical and mental abilities. I agree that I will only use equipment, including fitness equipment, and/or participate in the Activities within my own particular physical and/or mental capacity. I agree that I will follow all instructions given to me with respect to such equipment and/or Activities by representatives of SCSH and accept responsibility for following such instructions.

I understand that I am solely responsible for my decision to use the equipment and participate in Activities and I agree to assume all risks with respect to my using the equipment and/or participating in Activities and assume all the risks associated with the Activities.

I further understand and agree that my participation in the Activities and the utilization of Facilities and/or equipment may involve some risk of injury, disability, death, economic loss, etc. and I agree to assume all such risk with respect to such undertakings. I agree that I will not use any alcohol or drugs that will impair my judgment, coordination and/or mental capacity and I will be fully responsible for any injury, disability, death, illness, or economic loss as may result from my use of any Facility or equipment and/or participation in the Activities while being impaired in any fashion by the use of any drugs and/or alcohol.

I further agree that I will not use any equipment or any part of any Facilities that I discover to be broken or in an unsafe condition, and I agree I will immediately stop using the equipment/Facilities and tell a representative of SCSH right away. If I suffer any discomfort, pain, or other symptoms while participating in any Activities, I will immediately stop my participation. I will also immediately notify any representative of the SCSH as is present during such Activities.

My signing this document means I that have voluntarily chosen to participate in the Activities. In exchange for, and in consideration of, being allowed to participate in the Activities, I assume all risk for my health and physical and mental well-being and, on behalf of myself, my heirs, successors, assigns, beneficiaries, dependents and personal representatives release, waive, discharge and hold harmless SCSH, its directors, officers, members, employees, managers, vendors, and agents (collectively hereinafter “Association-Related Parties”) from any and all liability to me and/or my heirs, successors, assigns, beneficiaries, dependents and personal representatives as a result of any injury, death or economic loss arising from or related to my participation in the Activities. For myself, and my heirs, successors, assigns, beneficiaries, dependents and personal representatives I also covenant not to sue the Association-Related Parties for any claim arising from such injury, death, or economic loss.

I further agree that as a Member of SCSH I am responsible for the conduct of my guests. My guests and I are subject to, and will abide by, all the governing documents of the SCSH. By signing hereon, I agree to indemnify and hold harmless Association-Related Parties from all claims advanced by any of my guests. I agree that my guest(s) will execute a Guest Sign-In sheet (or similar document) as a condition, and prior to use of any Facilities or participation in any Activities.

I have read and understand all the terms of this Informed Consent Agreement and voluntarily sign it.

Name (Print)

Date

Signature