

SUN CITY SHADOW HILLS COMMUNITY ASSOCIATION

INFORMED CONSENT AGREEMENT ("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 or Programs 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 exchange for authorization to use the Facilities and/or participate in the Activities, I represent, acknowledge, 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 or use the Facilities 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 or Facilities by representatives of SCSH and accept responsibility for following such instructions.

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

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.

COVID-19: I attest that I am currently healthy, not currently experiencing any signs or symptoms of the novel coronavirus or SARS-CoV-2 ("COVID-19") and have not knowingly been exposed to someone with COVID-19 or travelled internationally in the last fourteen (14) days; or I have recently tested negative for COVID-19. I understand that by entering or using the Facilities and/or participating in the Activities I could be exposed to COVID-19. Furthermore, I agree to take all reasonable and necessary precautions to protect myself and others from the spread of SARS-CoV-2. I am aware of and agree to follow all Federal, State and local laws and orders, including Stay Home and Safer at Home orders, even though such laws and orders may be changing rapidly. I believe I am not likely to transmit SARS-CoV-2 or contract COVID-19. I agree to keep at least six (6) feet between myself and others who are not members of my same household and will wear a face covering in the Facilities and/or while participating in the Activity. I agree not to gather in groups or touch surfaces or objects in Facilities or during the Activity unnecessarily. After leaving the Facilities, I will wash my hands with soap and water for at least twenty (20) seconds. I agree and understand that it is my responsibility to exercise care to protect myself, such as assessing my own risks and consulting with a physician, which may include: age; underlying health conditions; physician's recommendations and government recommendations.

By signing this Agreement, I am evidencing and I acknowledge that I have voluntarily chosen to participate in the Activities or enter and utilize the Facilities. In exchange for, and in consideration of, being allowed to participate in the Activities or use of the Facilities that otherwise may remain closed or unavailable due to COVID-19 or other circumstances, I assume all risk for my health and physical and mental well-being 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, contractors, and agents (collectively hereinafter "Association-Related Parties") from any and all liabilities, claims and causes of action liability to me and/or my heirs, successors, assigns, beneficiaries, dependents and personal representatives from any injuries, illness, disease, virus, death, damages, expenses, or loss, including economic losses, which I may have or which may accrue to me on account of my use of the Facilities or participation in the Activity. 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 any and all such injury, illness, death, or loss.

I further agree, if I am a resident of SCSH, that 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 this Agreement, I agree to indemnify and hold harmless Association-Related Parties from all claims advanced by any of my guests. I acknowledge that my guest(s) will be required to execute an Informed Consent Agreement 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 Agreement and voluntarily sign it.

_____	_____
Print Name	Signature
_____	_____
Date	Address
_____	_____
Phone Number	Email Address

I am a resident of SCSH: YES NO

If YES, my SCSH address is (if different than address given above): _____

If NO, I am a guest of the following SCSH resident(s): _____

I am a under the age of 18 years: YES NO

If YES, the following signature and information are required. By signing this Agreement, the person below accepts responsibility for the actions of the minor.

_____	_____
Name of Parent/Legal Guardian	Signature of Parent/Legal Guardian
_____	_____
Date	Address of Parent/Legal Guardian
_____	_____
Phone Number of Parent/Legal Guardian	Email Address of Parent/Legal Guardian