

DIAMONDHEAD POA FITNESS ROOM AGREEMENT

Rev: 02/01/14

I have acknowledge and agree that: (i) the facility is unsupervised (ii) that the DIAMONDHEAD POA ("Association") recommends that I consult with my physician and health care providers before starting an exercise program in the facility; (iii) that I am exercising at my own risk.

I hereby release and agree to hold harmless the Association, its directors, officers, employees, members, residents and agents for any claims, liabilities, injuries, damages to my person or property, direct or indirect, including but not limited to costs and attorney's fees, arising from, caused by, or the result of my use or my guests use of the facility;

I further hereby agree that through any damages to persons or property arising from, Oor as a result of my misuse, abuse or negligent of this program and that I will hold harmless and indemnify DPOA and will be responsible for all associated costs of repair or personal liability.

This agreement is binding upon my heirs, beneficiaries, and successors-in-interest.

**PLEASE SIGN AND DATE BELOW IF YOU
AGREE TO THESE TERMS:**

SIGNATURE:

PRINT NAME:

DATE:

CUST ID:

APPROVED:
