



## THE OAKS CONDOMNIUM ASSOCIATION

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### EXERCISE ROOM WAIVER

I acknowledge and agree that the Oaks of Woodlake's exercise room is unsupervised, that the Oaks Condominium Association recommends that I consult with my physician and health care providers before starting an exercise program in the exercise room and that I am exercising at my own risk.

I further acknowledge and agree that persons under the age of 18 years old are not permitted within the exercise room.

I further acknowledge and agree not to provide access to the exercise room to other individuals, including but not limited to, other unit owners, tenants, residents, guests, visitors and persons under the age of 18 years old.

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 of the facility.

I further hereby agree that for any damages to persons or property arising from, or as a result of my misuse, abuse or negligent use of the exercise room, or for any violation of this waiver agreement, I will hold harmless and indemnify the Oaks Condominium Association 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Unit #

\_\_\_\_\_  
Telephone