

# **Blue Lake Springs Homeowners' Association**

## **Exercise Room Release of Liability**

### **Health Statement:**

**I affirm that my general health is good and I am not adversely affected by the exercises that I will currently undertake. I further affirm that I am able to perform exercises of the nature provided. I am not currently under the care of a physician, who should be advised of my desire to participate in the use of the Exercise Room.**

**If I am under the care of a physician, I affirmatively state that I have received permission from my physician to use the Exercise Room.**

**I have carefully read this agreement and understand it to be a release and waiver of all claims and causes of action. Use of exercise room is done so at my own risk. Blue Lake Springs HOA, Board of Directors, Management and Staff are not responsible for injurers or accidents resulting from my use of the Exercise Room.**

**Lot \_\_\_\_\_ Unit \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Name: (Please print) \_\_\_\_\_**

**Signature: \_\_\_\_\_**